MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 359 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) dral director. Page and for your files. a COUNTY a. STATE b. COUNTY Washington MARYLAND Maryland Washington
TOWN fit outside corporate limits, write RURAL and give neerast town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN write RURAL and give nearest town) 10h Fairview Drive Hancock Md. Life STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? State YES NO Home NAME OF Middle Last 4. DATE Month Year DECEASED within 24 hours after death. If a OF the (Type or print) DEATH after Murray 19 2 Henry Allan ge 5 may be and 2 with t 72 hours afte 6. COLOR OR RACE 7. MARRIED THEYER MARRIED IF UNDER OFTERS. AGE (In Years | IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) Months Days Hours Min. DIVORCED Male WIDOWED 8 YFS. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Labor pages Labor Hancock Maryland Within form PM3. 13 FATHER'S NAME Katie Long File Monroe Allen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Addrage (Yas, no, or unkown) | (If yes give wer or detes of service) permit. No Elixabeth M Allen ACH Fairview Drive This certificate should be executed in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN E Office along ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: and 20ce IMMEDIATE CAUSE (e) **DUE TO** removal, Conditions, if any, which geve rise to immediate cause "pending" 10 Examiner's DUE TO (a), sleting the underlying 38 5 pesn cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? 8 rute the certificate, writing the word NO should be forwarded to the Chief Medical PUNERAL DIRECTOR: Page 3 should b CERTIFICA 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part | or Part II of itam 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) 0 While Not While Hour a.m. at work at work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion agent, Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER [ its designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) plnods Address (Street, city, town, or county) CHALTERY OR CREMATORY DEF 22c. NAME OF 220. BURIAL, CREMANON 22d. LOCATION (City, lown, or country) (Stele) REMOVAL (Specify) Riverview 0 ö Hancock Washin g 4 0 Cemetery 24a. REC'D BY REGISTRAR I VS. AISME Orthur S. Kraus 161 DATE MAR 5M 7/59

mademiliant thought and an animatenest Termination (0) and the property of the second 9.10 to the second manual manual The state of the s . II. E. T. Constant Today Today ann elas Transet " Tien 154 Formers Dades !! the second of th RETTIN WATER the posterior of the property of the control of the the wife super the case of the time the

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2034	CERTIFICATE	OF DEATH		113503
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where decessed lived, if institution	Residence before edmission)
Washington		e. STATE Mary	vland b. COUNTY Wa	shington
b. CITY OR TOWN (if outside corporete limits,	MARYLAND	12	(If outside corporete limits, write RURAL a	
write RURAL and give nearest town)			of he	
Hagerstown	1 hour	_ Hagersto		
d. NAME OF HOSPITAL OR INSTITUTION (II no		d. STREET ADDRESS		e. IS RESIDENCE
Washington County H	ospital	2200 Gay	y Street	YES NO.
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer
(Type or print) Lavinia	Elizabeth	Barber	DEATH March	19 19 61
		DATE OF BIRTH	19 AGE He years HE UNDER	REYEAR LIF UNDER 24 HRS.
Print To a c			last birthdey) Months	Reys Hours Min.
		an. 13 19		ITIZEN OF WHAT COUNTRY?
Aloa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TOB. KIND OF BUSINESS OR INDUSTRY			
Clerk	Hotel	Frederic	k rd.	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Charles E. Young		Elsie M	lorgan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO. 17. IT		Address	CI.
(Yes, no, or unkown) (Ifyesgive werordetes of servi	10 4291 He	rschel H.	Bonbon 2200 Gay	St
NO LIA CRUCE OF DESCRIPTION		TSCHET #1.	Barber Hagersto	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: T:				ONSET AND DEATH
IMMEDIATE CAUSE (a) V	entricular fibillat	ion		Minutes
DUE TO G	Seneralized carcin	omatosis of	abdomen	6-12 month
Concilions, if any, which \ (b) I	Metastatic Carcino	ma whimbern	ns from uterus	4 years
gave rise to immediate cause				
(e), stating the underlying	Hypertensive card	iorrogoulan	digoogo	
				RT 1(e) I 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION  ZUG. ACCIDENT WAS UNDERLYING   20 CONTRIBUTING   CAUSE OF DEATH  OF CONTRIBUTING   CAUSE OF DEATH  OF THE CONTRIBUTING   CAUSE OF DEATH		The state of the s		PERFORMED?
5				YES NO
ZUE. ACCIDENT WAS UNDERLYING 20 CONTRIBUTING CAUSE OF DEATH	Ob. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Pert II of item IB.)	
THE STHER, NOTIFY MEDICAL EXAMINES !				
20c. TIME OF INJURY Month, Dey, Yeer		E OF INJURY (Home, ferr		ounly) (State)
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. 19	While Not While	ry, street, office bldg., etc	·) ; 	
Printer Printer		2-0-40	10 to dooth 1	0 11-1 (1) () 1-1
21. I certify that (I) (this hospital) saw the deceased alive on	rch 18 1961	4-9-49	30PM	y, that (I) (we) last
saw the deceased alive on	15, and that	death occured at.:	M, from the causes and on	the date stated above.
220. SIGNATURE	71. 111-	ATTENDING X	MED. STAFF	22b. DATE SIGNED
(deerel 4	1. Coadle M.		DIRECTOR PHYS.	
22c. PHYSICIAN'S		22d. ADDRESS		
NAME (Type) Robert F.	Keadle	318 Nor	th Potomac Street,	Hagerstown
23e. BURIAL, CREMATION.   23b. DATE THEREO	F 23c. NAME OF CEMETERY C		23d. LOCATION (Gity, town or cou	
Burial Harch 21.			Jefferson Md.	
	-OT THURSTELL OF		C'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE	welling on.		R 2 2 '61	3 SIGNATURE
Carried to		DATETAL	un 22'61   Chillian &	Thous

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

Tortaled in the stop in the stop of the stop of the stop in the st MD/DWALL Metallishing (Arabakan se seelah trom mirus Marin Votorio general arms Til

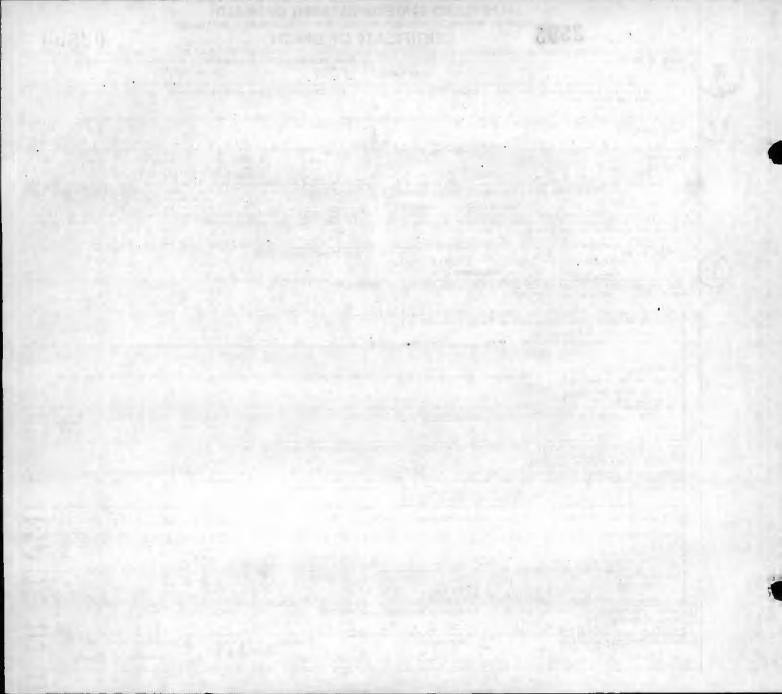
TO FUNERAL

VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH 3595 CERTIFICATE OF DEATH

03590

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	1	MASHINGTON MARYLAND	AT LICE OF DELO
1	-	CITY OR TOWN (If autside corporate timits, write   c. LENGTH OF STAY IN 1b	NIHICYCHND WASHINGTON
-	ı '	RURAL and give nearest town)	c. CITY Of TOWN (If outside carporate limits, write RURAL and give neares) town)
		WILLIAIVISPORT 13% WEEKS	X BOONSBOKE
7		NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
11		OR INSTITUTION	ON A FARM?
10	-	WILLIAMSTORI SHAILHIERA	1 66 SOUTH MAIN ) YES NO
		NAME OF First Middle	Lost 4. DATE Manth Day Year
		Type or print) ALSEDH GUPVETT 1	BATMAN DEATH MARCH. 22 196/
	5. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS,
	-	MAKRIED [] INCVER MAKRIED	last birthday) Manths Days Haurs Min.
	1	VIALE WIDOWED DIVORCED	NINE -6-1868 92 yrs. 9 16
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
		during mast of warking life, even if retired)	Dane 0 -0 1/0 11 0.
	3.0	MEKCHANT KETIRED	LYAGE COUNTY VA. 14.S.A.
=	13.	FATHER'S NAME HENRY JACKSON BATMAN	14. MOTHER'S MAIDEN NAME
			FILTA CHEALL
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	(Yes	no, or unknown) [If yes, give wer or dates of service]	D Addiess
		NO 5 152-10-4799-F1 KE	V. KICHARD + BATMAN DOONSBORD MD.
		1B. CAUSE OF DEATH [Enter only one couse per lime for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	ONSEP AND DEATH
		IMMEDIATE CAUSE (a)	1 avant recovered 340
		450.0 DUE TO	
		Canditions, if any, which )	
1		gave rise to immediate	
		cause (a), stating the under-	
		lying cause last. (c)	
	Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
1	CATION		PERFORMED?
U	FIC		YES NO
	CERTI	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter nature of injury in Part I ar Part II af item 18.)
	CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	Y	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State)
	MEDICAL	Hour a. m. While Not while far	ctary, street, affice bldg., etc.)
	¥	p. m, 19 at wark at wark	7,
		21. I certify that (I) (this hospital) attended the deceased from	111230h 1 2061 - March 22 2061 4 . W.
		Maint 10 11	(,) (,)
		sow the deceased alive on 14 15 1961, and that a	leath accurred at //ff M, from the causes and an the date stated above.
		220. SIGNATURE	22b.DATE
		- IMUNNIUM	M.D. PHYS. MED. STAFF SIGNED
		22c. PHYSICIAN'S	22d. ADDRESS
		NAME (Type)	13 Andrews
1		O WINYVAIL	1 0 00 m wo w child
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d, LOCATION (City, town, or county) (State)
	1	MAR 25-1961 BEAHMS CE	MEDERY PACES MOCKEY
	24	TOTAL TABLE VO. 101 DEPLINO	METERY THUE CO. VIIIMA
	24.	UNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	,	- Jalu XI. Nas 1 2001/13/180/20	MD. DATE MARK & 4 01 Circhan S. France



#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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after death. Page 4

within 24

director

funeral

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attending

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certificate

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detached

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death

remaye

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PLACE OF DEATH o. COUNTY Washington

o. STATE Md.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b, CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) Smithsburg d. NAME OF HOSPITAL (If not in hospital, give street address)

or institution later St.

c. LENGTH OF STAY IN 16 vears

c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

Smithsburg d. STREET ADDRESS

e. IS RESIDENCE ON A FARM? YES NO T

Wash.

DECEASED (Type or print)

Stella

Middle Myrtle

Beard

4. DATE DEATH

11 W. Water St.

March

1061

6. SEX

6. COLOR OR RACE 7. MARRIED NEVER MARRIED white

WIDOWED T

DIVORCED |

B. DATE OF BIRTH Dec. 11. 1867 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 93 yrs. Months

12. CITIZEN OF WHAT COUNTRY?

100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) housewife

female

Chewsville. Md. 14. MOTHER'S MAIDEN NAME

Anna Rudisill

b. COUNTY

13. FATHER'S NAME

Henry J. Poffenberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

17. INFORMANT

Address

no

none 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

Mrs. Anna Stem. Smithsburg. INTERVAL BETWEEN

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.

DUE TO

Carliac Failure

Arteriosclerotic Cardiovascular Disease

ONSET AND DEATH

PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

PERFORMED? YES NO NO

(Stote)

22b. DATE

(Stote)

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month.

Year 20d. INJURY OCCURRED Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County)

at work of work 

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)

. 1955 to 3/20 \_\_\_\_\_, 1951, that (I) (we) last \_1951 , and that death accurred at 100M, from the causes and on the date stated above.

sow the deceased alive on

PHYSICIAN'S

Head

ATTENDING PHYS. X 22d. ADDRESS

STAFF

SIGNED

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) burial

harles F

23c. NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery 23d. LOCATION (City, town, or county) Smithsburg, Md.

24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

250, REC'D BY REGISTRAR

Smithsburg.

MED.

256 REGISTRAR'S SIGNATURE

Scott F. Minnich & Son, Smithsburg, Md.

O-Thur & Health

TO FUNER VR A15 (4) 15M 9/59

16-19-9-1 a le transfer de la company de Locality of the desired a character of the second Time . \_ . in the same and the same and the same

1. PLACE OF DEATH  1. PLACE OF D	1	do	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
PARTY OF DEATH R. R. COUNTY Washington  D. CITY OF TOWN Iff quiride competes limits, while BURLA and give answers town)  D. CITY OF TOWN Iff quiride competes limits, while BURLA and give answers town)  D. CITY OF TOWN Iff quiride competes limits, while BURLA and give answers town)  D. CITY OF TOWN Iff quiride competes limits, while BURLA and give answers town)  D. CITY OF TOWN Iff quiride competes limits, while BURLA and give answers town)  D. CITY OF TOWN Iff quiride competes limits, while BURLA and give answers town)  D. CITY OF TOWN Iff quiride competes limits, while BURLA and give answers town)  D. CITY OF TOWN Iff quiride competes limits, while BURLA and give answers town)  D. NAME OF TOWN IN COLUMN IN		1	0.000
Manitington  Manit	pera by	1	1. PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission)
b. CITY OR TOWN (If outside copposes limits, with RUPAL and give nearest lown)    Comparison   C	2 2 E	$\Lambda$	*. COUNTY Washington MARYLEND *. STATE Maryland b. COUNTY Washington
Agentown  d. STEEL ADDRESS  Agentown  II 31 Hamilton Blud  Tys  Find  Maching  Day  Tes  Maching  Day  Tes  Maching  Day  Tes  Decrease  D	of the	/	b. CITY OR TOWN (if autside corporete limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if autside corporete limits, write RURAL end give neerest lown)
Washington County Hospital    1131 Hamilton Blud	24 der d	Not.	Haaerstown 27 urs 03 Hagerstown
DECRAPSION OF THIS SIGNATURE OF THE PROTECTION O	ithin ithin age.	1180	ON A FARM?
DECRARED  GREATED  GR	S. P		
5. SEX    S. COLOS OR RACE   7. MARRIED   NOTIFIED IN THE MARRIED   B. DATE OF BIRTH   B.	pler pler 72		DECEASED OF
Male White WIDOWED DIVORCED NOTES OF STREET TO PART I DEATH WAS CAUSED BY.  IDEA OF STREET OF STREET TO SOCIAL SECURITY NO. 17. INFORMANT  Address  Man Riddenour  15. WAS DECEASED FVER IN U.S. ARMED FORCES?  16. CONTINUE STREET STANDEN NAME  EMMA RIDDER STANDER  18. CAUSED DY BRY II. SOCIAL SECURITY NO. 17. INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  Namy C. Young 1131 Hamilton Blud. Hagerstown, Md.  INFORMANT  Address  II. CATERION OF WHAT COUNTRY  II. CATERION OF WHAT COUNTRY  III. CATERION OF WHAT COU	exe com com com thin		5. SEX   6. COLOR OR RACE   2 MADDIED   WINDER   B. DATE OF BIRTH   9. AGE (In years   1F UNDER 1 YEAR   1F UNDER 24 HRS.
Tow. USUAL OCCUPATION (give kind of work on during like, swen if relieved)  Own Business    Interpretation	be and sarb		
PLIMBER OWN BRENNESS  13. FATHER'S NAME  14. MOTHER'S MAIREN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH Einter only one cours, por lime for le), (b), and (c).1,  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (c)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (c)  IMMEDIATE CAUSE (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART He) 19. WAS AUTOPSY PERFORMED.  YES ON CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART He) 19. WAS AUTOPSY PERFORMED.  YES ON CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART He) 19. WAS AUTOPSY PERFORMED.  YES ON CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART He) 19. WAS AUTOPSY PERFORMED.  YES ON CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART He) 19. WAS AUTOPSY PERFORMED.  YES ON CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART He) 19. WAS AUTOPSY PERFORMED.  YES ON CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART He) 19. WAS AUTOPSY PERFORMED.  YES ON CONTRIBUTING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART He) 19. WAS AUTOPSY PERFORMED.  YES ON CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART He) 19. WAS AUTOPSY PERFORMED.  YES ON CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART He) 19. WAS AUTOPSY PERFORMED.  YES ON CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HE) 19. WAS AUTOPSY PERFORMED.  YES ON CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HE) 19. WAS AUTOPSY PERFORM	cate lan ive c		10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
John Brenner  See John Brenner  See John Brenner  See John Brenner  John Brenner  See John Brenner  See John Brenner  See John Brenner  John Bre	ertifi nysic remo	(I)	Plumber Own Business Washington Co. Md. USA
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to immediate cause (a), stating that underlying cours lest.  Conditions, if any, which geve rise to immediate cause (a), stating that underlying cours lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIV	in a	72	13. FATHER'S NAME
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21. I certify that (I) (this hospital), attended the deceased from MAHAL 31 , 1961, to HAHAL 31 , 1961, that (I) (we) last saw the deceased alive on MAHAL 31 , 1961, and that death occurred att. MAM, from the causes and on the date stated above.  22a. SIGNATURE  22b. DATE SIGNED PHYS.   DIRECTOR	PH the his	.4	
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3598 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission .. county Washington 5. COUNTY Warvland MARYLAND Washington b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12vrs. Hagerstown, Md. magerstown. Maryland ector. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? iclarkson. 121 Clarkson Ave YES TO NO ! AVE NAME OF 4. DATE Middle Day Year (Type or print) Nettie DEATH Frances Brown 1961 13 March 5. SEX IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE | 7- MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years last birthday) 2 with the Months Hours Min Days Female olored WIDOWED | February DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? and none and Hagerstown, Maryland å USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME YOU. Lawerance Brown Virgina Pages Stribling 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Give no none Virgina Brown 405 Sumans Ave INTERVAL BETWEEN ONSET AND DEATH IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Preumonitis Dave IMMEDIATE CAUSE (o) e alang with fo a burial-transit **DUE TO** Conditions, if ony, which Mentally Letarded from Aug Of 2 Years gove rise to immediate couse **DUE TO** (a), stating the underlying cours last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 1 19. WAS AUTOPSY G PERFORMED? used NO [3 200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) 20f. (City or town) (County) rtificate, writing the value of the Chief Medical
L DIRECTOR: Page 3 st factory, street, effice bldg., etc.) While Not while 0 100 of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 1 Inquiry , and find that death resulted from: Natural causes [X] Accident . Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER O FUNERAL **EXAMINER'S** DEPUTY MEDICAL EXAMINER TO 3-13-51 Ditto. NAME (Type) DEWC cute t 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 3/16/61 Hell Cemeters striou **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Children & Kraus DATEJAR 2 0 '61 5M 9/55

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3599 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whate deceased lived, If Institution: Rasidanca bafora edmission) a. COUNTY **b.** COUNTY Washington Maryland Washington MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give pearest town) write RURAL and give neerest town) Williamsport Williamsport Lifetime
d. NAME OF HOSPITAT OR INSTITUTION (If not in hospite), give street address) filled d. STREET ADDRESS Artizan Street 106 S. Artizan Street NAME OF 4. DATE Middle DECEASED (Type or print) DEATH March Noland Brown 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | 5. SEX last birthday) Male WIDOWED IX DIVORCED T June 6 physician 10s. USUAL OCCUPATION (Give kind of work TOWN OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) dogs during most of working life, even if retired) Laborer Williamsport. lliamsport 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending please David Brown Celia Butler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ac, or unkown) (Ifyesgivawarordelesafærvice) 106 evo Annie Broudaus the 18. CAUSE OF DEATH [Enter only one cause per time for (e) [b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** geve risa to immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or fown) Month, Day, Year factory, street office bldg., atc.) While Not While Hour a.m. at work at work attended the deceased from 21. I certify that (I) (this hospital) ...... and that death occured at from the causes and on the date stated above. saw the deceased alive ATTENDING STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS Young DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or tounty) BURIAL Riverview Cemetery P Williamsport 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Williamsport, Md. DATE

ARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM?

YES NO 2

1961

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEAT

PERFORMED? NO 1

(Stata)

DATE SIGNED

19....., that (I) (we) last

Day

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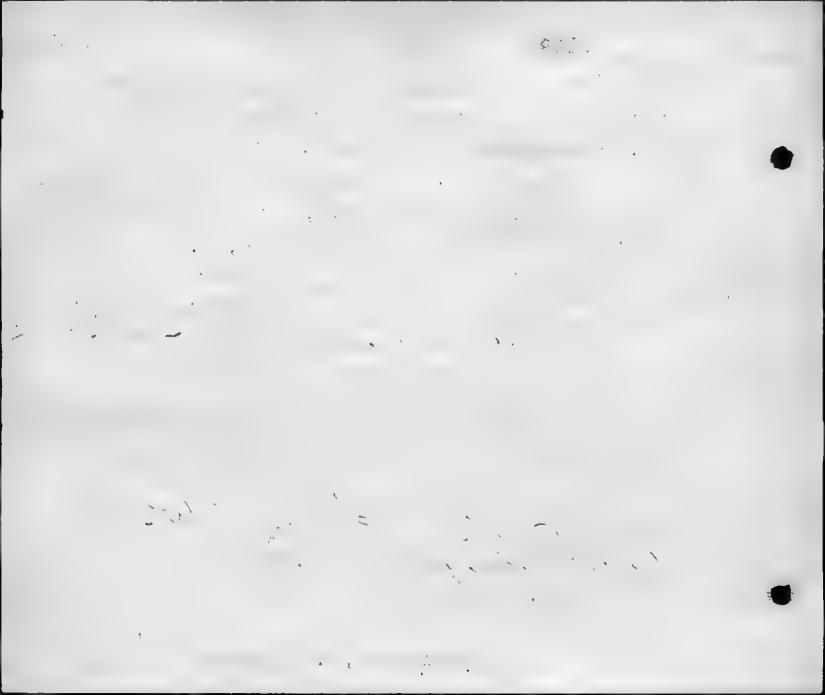
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	360 <b>n</b>	CERTIFICATE	OF DEATH	03595					
1	1 PLACE OF DEATH	2		If institution: Residence before admission)					
]	Washington	MARYLAND	Maryland Maryland	b. COUNTY Washington					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate li	mits, write RURAL and give nearest town)					
	Hagerstown	60 years	Hagerstown						
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
	Washington County Ho:	spital	/ 3 Wynnwood Dri						
	3 NAME OF First	Middle	Lost 4 DATE OF	Month Day Year					
		Franklin Ca		March 6 19 6:					
	5. SEX 6. COLOR OR RACE 7- MAR	RIED DNEVER MARRIED B	DATE OF BIRTH 9 AC	GE (In years   IF UNDER I YEAR IF UNDER 24 HR I birthdoy)   Manths   Days   Haurs   Min					
	Male White WIDOW	VED DIVORCED De	c. 9, 1889	71 yrs.					
	10a USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired)		Y 13 BIRTHPLACE (State or foreign country)						
	Truck Farmer	Farming	Broadfording,	Md.					
	13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME						
	George Carbaugh	a	Ida Bloye	r					
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yes, no or unknown)   [If yes, give wor or dates of service]	SOCIAL SECURITY NO 17. INFO	RMANT	Address					
		Mrs	. Maude I. Carba	ugh "agerstown, md					
	18. CAUSE OF DEATH [Enter only one couse per I	ine for (a), (b), and (c).]		" INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) . Urenia 3 days -								
	Conditions, if any, which) (b) arteristar myp Enoscherous Unknow								
	couse (o), stoting the under-	gove rise to immediate the purity							
	. (5)								
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?					
	Y DIA			YES NO					
	OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in Part I or Part II of	item (8)					
			and the first water of the first water						
	20c. TIME OF INJURY Month, Day, Year 20d. Haur a.m. p. m. 19 of wo	e Not while foctor	E OF INJURY (Home, farm,   20f (City or to y, street, office bldg., etc.)	wn) (County) (5tol					
		ork of work							
	27 I certify that (I) (this haspital) atten								
		19. <u>6/</u> , and that dea	th accurred at 7.3.005 From the	causes and an the date stated above					
	John IT Hom 6.		ATTENDING MED ST	AFF 22b. DAFE SIGNI					
	22c. PHYSICIAN'S	M.D		1YS. \( \square 3.7.6\)					
	NAME (Type) John H. Hor	nbaker		Washington St.,					
			Hagerston						
	23g. BJRIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OF C		(City, tawn, or county) (State)					
	Burial 3-9-61	Rest Haven_	Cemetery Hag	erstown d.					
Police Contract Contr	Scott F. Minnich & So		51AB 0 104	arthur S. Kraus					
	Scott F. Minnich & S.	on Hagerstown	PICA ODATE						

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may be med by the haspital or attending physician.

D FUNERAC DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death ATTENDING PHYSICIAN: The law requires that the death certificate be 80 TO HOSPITAL may be TO FUNERACE

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by the funeral director, at 2 should be filed with

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executed within 24

VR A15 (4) 15M 9/59



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rs after death. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

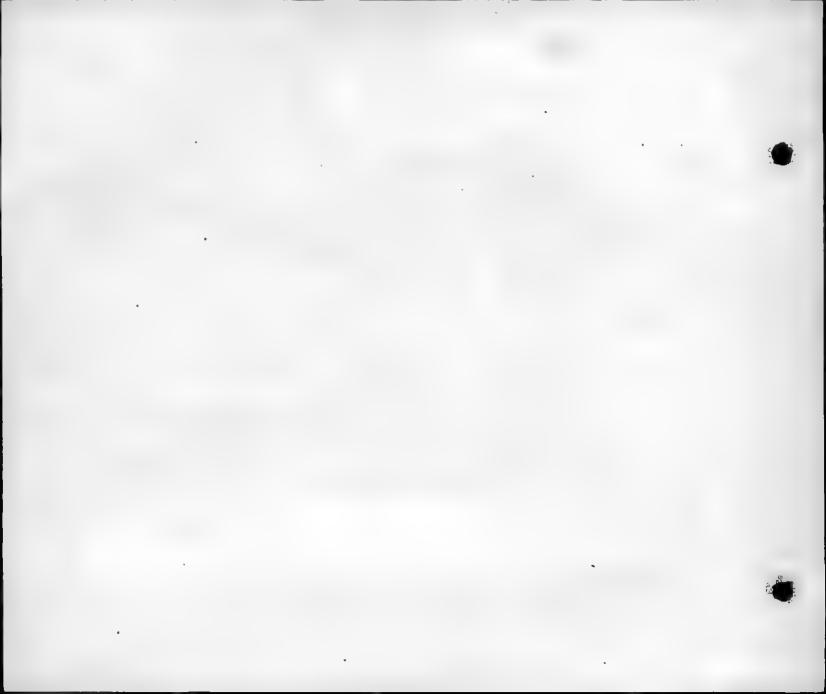
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	3601 CERTIFICA	ATE OF DEATH	Hegelf.
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	e before admission)
	Washington MARYLAND	a. STATE Maryland b. COUNTY Al	.legany
'	b. CITY OR TOWN (If autside corporate limits, write   c LENGTH OF STAY IN 1b	c CITY OR TOWN (If autside corporate limits, write RURAL and gi	ve nearest lawn)
	RURAL and give nearest town Md. weeks	Cumberland	* ·
	d NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
	W. Md. State Hospital	358 Bedford St.	YES NO
	3. NAME OF Deceased Dorothy Virgittia	Carderus 4. DATE Month OF PARIS DEATH D2 CARCA	Day Year
	(Type or print) DORO The Virginia Co	The state of the s	YEAR IF UNDER 24 HRS.
		Warrah 16 1004 (Jost birthday) Months (	Days Hours Min.
	T'emale Walte Widowed Divorced 100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDU		EN OF WHAT COUNTRY?
	during most of working life, even if retired)  Own Home		USA
\	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Richard Boyden		
		NFORMANT Address	
	(Yes, no, or unknown) (If yes, give wor or dates of service)	Len Carder, Cumberland, M.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBULCER DNE	i menia	3 days
	DUE TO		7
	Conditions, if any, which ) (b) PE/NIC metasta.	525.	6 mos.
	gave rise to immediate (		
	lying cause last (c) CCRCINCMO Of	LEETVIX	18 mos.
			I(a) 19 WAS ALTOPSY PERFORMED?
	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OCH POLICY PYELLINE PHYSIKS		YES NO
		ED. (Enter nature of injury in Part 1 or Part II of item 18.)	
)			
	=	ACE OF INJURY (Home, farm, 20f. (City ar tawn) (Citary, street, affice bldg., etc.)	aunty) (State)
	Hour a.m.  While Nat while to wark at wark	cody, sieer, diffee brage, and j	
	21 1 certify that (I) (this hospital) attended the deceased fram	Sept. 19, 1960, to March 9, 1961	'_, that (I) (we) last
	saw the deceased alive on March 9, 19 61, and that a		
	22a SIGNATURE		22b, DATE
	Victor & Ramas,	M.D. ATTENDING MED DIRECTOR STAFF	Trach 9, 46,
	22c. PHYSICIAN'S	22d. ADDRESS	,
	NAME (Type) VICTOR L. Ramis, m. D	. western Md. State Hospital	, Hugerskow, n
	23a. BURIAL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county)	(State)
	Burlai 3-12-1961 RoseHill Co	emetery Cumberland, Md.	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
	James F. Scarpelli, Cumberland,	Md. DATMAR 13'61 Crima & fr	Sauce

by the funeral director, d 2 should be filed with pup the attending physician and completely filled. Then please remave carbon papers. Pages 1 ond in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be need by the hospital or attending physician.

TO FUNERAC MIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY e. STATE **b.** COUNTY Washington Washington MARYLAND and b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give neerest town) Vrs. Downsville Downsville filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Downsville YES NO X Downsville NAME OF Middle Last 4. DATE Month Day Yeer paper DECEASED complei OF {Type or print} DEATH May Dolly 19 March carbon 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 9. AGE (In years HE UNDER I YEAR) IF UNDER 24 HRS. B. DATE OF BIRTH and lest berthdey) Mogths Hours Pemale WIDOWED I DIVORCED WZS. physician 10e. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or fore on country) done during most of working life, even if retired) Home Housewife U.S.A Harvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding Luke Wolford Martha Ann Renner 15. WAS DECEASED EYER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) i (Ifyesgivewerordetespleervice) Mr. Harry Ckine Br. Downsviller Id. No none 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) ] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? NO T. 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of item 18.) 20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, (Stete) 20f. (City or fown) (County) Not While factory, street, office bidg., etc.) While Hour e.m. et avork el work p.m. 21. I certify that (I) (this hospital) attended the deceased from 19....., thạt (I) (we) last and that death occured at S from the causes and on the date stated above. saw the deceased DATE 22e. SIGNAZURE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYS. 22c. HYGICIAN'S NAME (Type) 22d. ADDRESS lalph TO FUNE director, p 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION. (Stele) REMOVAL (Specify) Greenlawn Cemetery lliamsport 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DERECTOR'S SIGNATURE VR A15 (4) DATE MAR arthur & Thouse

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Wifere deceased lived. If institution, Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND uneral c. LENGTH OF STAY IN 18 c. CITY OR TOWN (If outside corporate limits, write RURAL and give near þe P d. STREET ADDRESS Middle 4. DATE Month DECEASED march death. (Type or print) Searchart DEATH S. SEX 6 COLOR OF RACE B. DATE OF BIRT 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED campletely Months DIVORCED [ WIDOWED & papers. 듐 10a USUAL OCCUPATION (Give kind of work done 10b KIND during most p working if even if retired) OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? pup UDG 13. FATHER SIN MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17, INFORMANT CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** cerebro-viscular accident Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PAW II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 1B.) 20c TIME OF INJURY Manth, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d INJURY OCCURRED factory, street, affice bldg, etc. While Not while at work at wark p. m. Afler 21 | certify that (1) (this haspital) attended the deceased from FEB 27, 1961, to March 1961, that (1) (we) last saw the deceased alive an March 1 1961, and that death accurred at MAM, from the causes and on the date stated above. 22a SIGNATURE PHYS DIRECTOR [

VICTOR L. Ramos, m.D.

DIRECTOR: FUNER 9

22c PHYSICIAN'S

NAME (Type)

23a. BURIAL, EREMATION, 235

REMOVAL (Specify)

VR A15 (4 1SM 9/59 23d. LOCATION (City, to

256. REGISTRAR'S SIGNATURE

 IS RESIDENCE ON A FARM? YES NO

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (Stote)

SIGNED

Doys

(County)

Year

19/0/

25g REC'D BY REGISTRAR

22d. ADDRESS

NAME OF CEMETERY OR CREMATORY

DATE MAD



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03590 3604MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. crematian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY a STATE b. COUNTY MARYLAND OR TOWN III outlede con c. LENGTH OF STAY IN 16 c. CITY OF TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO. NAME OF DATE OF DEATH Middle Month DECEASED (Type or print) 5. SEX 7. MARRIED 6. COLOR OR RACE NEVER MARRIED | 8. DATE OF BIRTH 9. AGE Iln yeors IF UNDER TYFAR IF UNDER 24 HRS Months Days WIDOWED N DIVORCED [7] yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working hitsy even if relired)

OWN 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH | Enter only one cause per ligetfor (off.,(b), and (c). INTERVAL BETWEEN ONSEL AND DEAT PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) alang with far burial-transit DUE TO Canditions, if any, which gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY S PERFORMED? NO [ DESCRIBE HOW INJURY OCCURRED. Kenter nature of injury in Part 1 or Part II of item 18.) CERTIFI 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Slate) factory, street, office bldg., etc.) Not while 2 2 1961 21- SYCONULI at work at work to the Chief Medic DIRECTOR: Page 21. I certify that I taok charge of the remains described above, held an Autapsy I Inspection I. Inquiry 9, and find that Accident Suicide Hamicide Nundetermined cause death resulted fram: Natural causes DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type) DEFUTY MEDICAL EXAMINER Grwa 220. BURIAL CREMATION. 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) 0 961 Rose 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Cothur & Krous 5M P/55



## MARYLAND STATE DEPARTMENT OF HEALTH BUVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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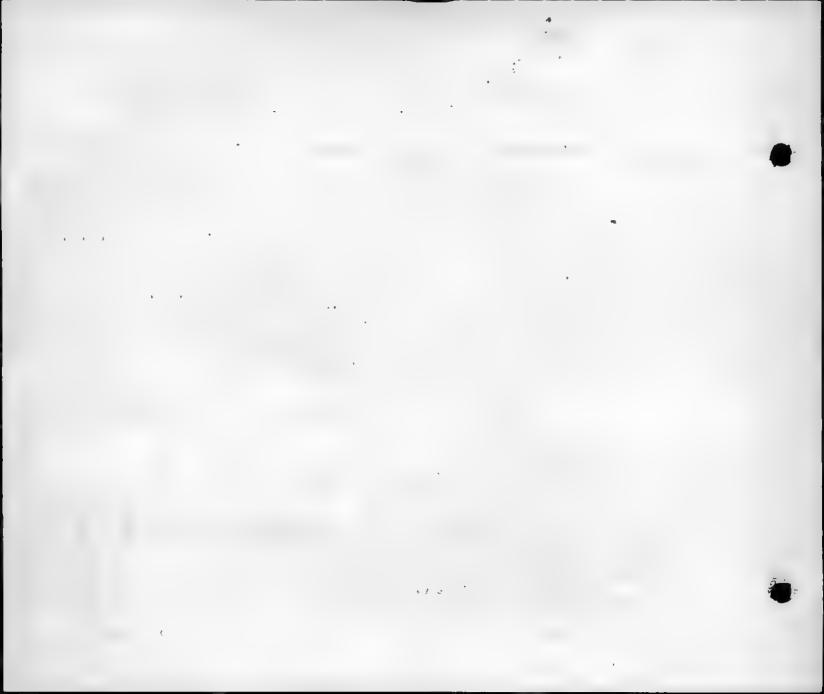
· ·	000	C	EKIIFICA	IE OF DE	АІП				(, c	OUU
). PLACE OF DEATH				2. USUAL RESIDE	ENCE (Whe	ra deceased			ce before adv	issian)
Wash	ington 0	o.	MARYLAND	o. STATE	larv.	land	b. COUNT	Y Wash	ningto	m
b. CITY OR TOWN (If outside	carporate limits, wri		OF STAY IN 16				ate limits, write	RURAL and		
RURAL and give neorest to Hugerstow	· ·	2	vrs.	03	Huge:	rstov	yn			
d. NAME OF HOSPITAL (IF IN	at in hospital, give str	reet address)		d. STREET AD	DRESS				e. IS F	ESIDENCE A FARM?
	v. Home			Int	erval	le Ro	bad			NO E
3 NAME OF	First		Middle	Last		4. DATE		onth	Day	Year
(Type or print)	homas J	acob	Corwell			OF DEATH	a.arc	h 20		1961
	1			B DATE OF BIRTH			9. AGE (In year	IF UNDER	1 YEAR IF UN	
Male W	1 1 .	OWED K	DIVORCED 🔲	May 4	1873		last birthday) 87 yr	1110011110	Days Hou	rs Min
10a. USUAL OCCUPATION (Give during mast of working life,	kind of work dane	10b. KIND OF BU	JSINESS OR INDU			foreign co	untry)	12 CIT	ZEN OF WHA	
during most of working life,	even if retired)	Non	A		rank. onia	Pany	o. Is <u>vl var</u>	9.4	U.S.A	
13. FATHER'S NAME	I.	*1011		14. MOTHER'S A			12 AT AUT	1121		
Thomas	J. Corvel	1		l N	o Red	bror				
IS. WAS DECEASED EVER IN U	S. ARMED FORCES?	16 SOCIAL SEC	URITY NO. 17 IN				Wash.	dress	1 /	1
(Yes, no, or unknown) (If yes, gu	war or doles of service)	limes = C	1-	Mrs.Al	etta	Pur	Tasn. C	Jej	ryland fferso	
18. CAUSE OF DEATH   En			), and (c),] /	0 0	0 0 000	1	1	1	INTERVAL	
PART I. DEATH WAS	CAUSED BY	to	A No	Ocart.	1 6	Lon.	XX	70	ONSET AN	ND DEATH
'	IATE CAUSE (a)			co co co	- / ¥	un			of the	- La
4/11/1	DUE TO	1 To	11.0	Ala V	0 1 /2		1		54	20
Canditions, if any, who	te (B)	TUCCO	erect (	-19-1-1	ريساس	tolker	704	<del></del>	7	- (- )
Lying cause lost.										
	VIFICANT CONDITION	NS CONTRIBUTION	NG TO DEATH BUT	NOT PELATED TO	THE TERAIN	IAL DISEASI	CONDITION O	VEN IN PAR	T 1(a) 10 W4	S AUTOPSY
PART II. OTHER SIGN  PART II. OTHER SIGN  ACCIDENT WAS UNDER  OR CONTRIBUTING II CAL  URL EITHER, NOTIFY MEDICAL	micrati cortanio		10 10 111111111111111111111111111111111	TO RESILED TO	THE PERSONS	THE DISCHOL			PER YES	FORMED?
E 200 ACCIDENT WAS UNDE	RIVING D 20h	DESCRIBE HOW	INTURY OCCUPPE	D. (Enler nature of	injury in P	net Los Port	U of item 18 )		163	
OR CONTRIBUTING CAL	JSE OF DEATH	DESCRIBE NOTE	TOTAL OCCURRE	D. (Cinal Halais Of		20, 1 0, 10	, ,			
	·	d. INJURY OCC	LIDDED 20a PL	ACE OF INJURY (H	ame form	20f (City	ne town)	11	County)	(State)
20c. TIME OF INJURY Mon	w w	hile Not w	hilefor	ctary, street, office	bldg., etc.)	1 201 (6.11)	01 10411)	,	Luciny,	(51412)
1	01	wark of war		<u> </u>	24	<u>;</u>	W V	1 41 .	,	
21, I certify that (I) (1							Mar &			
saw the deceased all	ve on /_/_/_	V 20 197	6/and that a	death occurred	at / 19/4	M, from	the couses o	ind on thi	e dote state	
220 SAGNATURE	W HO.		- 4	M.D ATTENDING	MEI	D	STAFF		2/22	226 DATE SIGNED
22c PHYS CIAN'S	11VV	un	Tr	M.D PHYS  22d, ADDRES	-	ECTOR 🗌	PHYS 🗆		7/29	61
NAME (Type)	VI do	7 Br	0111.05	- Lad. ADUKES	)	A	Barra		Mal	1
110	- V / (J. / )	1,20)	EWE,		car		SUVI	9 1	'ug	
230 BURIAL, CREMATION, 236 REMOVAL (Specify)	DATE THEREOF	23c NAM	E OF CEMETERY O	R CREMATORY		/	TON (City, town	, ,	•	itate)
Buriul	3/32/61	Ros		Cemeters	7	Hags	rstowr	1 o show To T	rland	
24, FUNERAL DIRECTOR'S SIGNA		ADDR	ESS			BY REGIST		GISTRAR'S SI	GNATURE	
Androw V Cas	Ex an				DATE TO	R 2 a'	61			

D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 Hours after death. Page 4 may be need by the hospital or ottending physician.

D FUNERA, DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL moy be

3

VR A1S (4) 1SM 9/59



y the funeral directar, and 2 should be filed with hours after death. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Pmoy be the base of the hospital or attending physician.

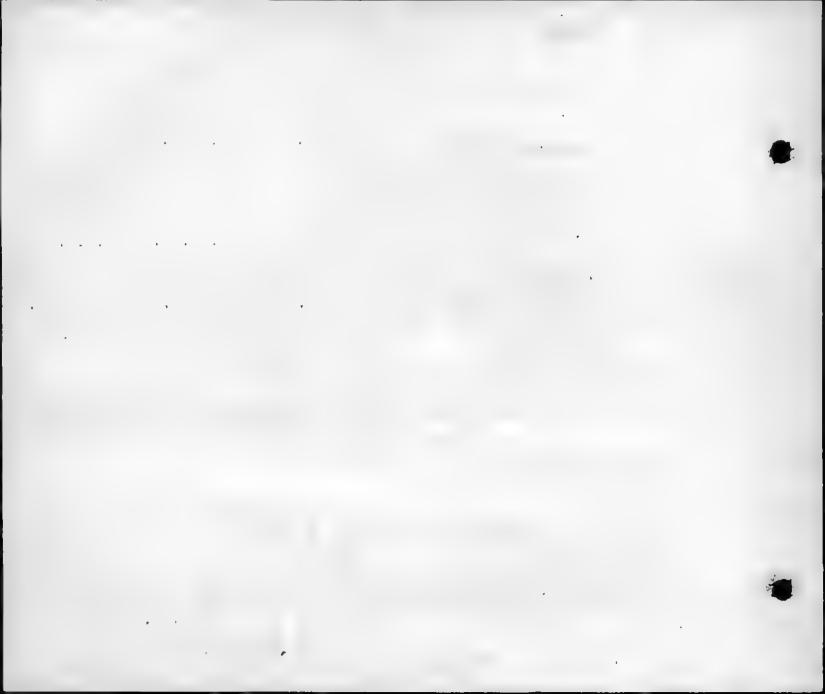
TO FUNERAL PORECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should lie detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 of the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 9/59 MARYLAND STATE DEPARTMENT OF HEALTH

3606 DEPARTMENT OF HEALTH

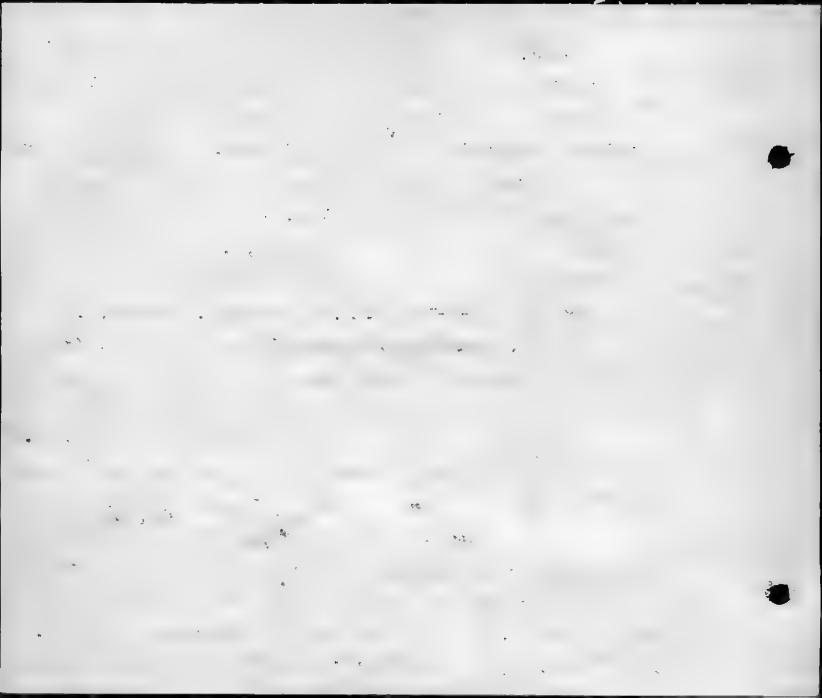
CERTIFICATE OF DEATH

	CERTIFICA	TE OF DEATH		0360:
1. PLACE OF DEATH			ere deceased lived. If institution	n: Residence before admission)
*. COUNTY Tashington	MARFLERO	o. STATE Lryl.	and b county	shington
<ul> <li>b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16	2 45.75	outside corporate limits, write RU	RAL and give nearest town)
Hagerstown	2 Months	Co Hager	s town	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		706 W. Wa	shington St.	e. IS RESIDENCE ON A FARM?
Washington Co. Hosy	oital	100 100		YES NO X
3 NAME OF First DECEASED (Type or print) Bessie	Pearl Dele	osier	4. DATE Month OF DEATH Tarch	Day Year 19
				IF UNDER 1 YEAR IF UNDER 24 HRS
Fenale, White Widow		October 18.	171 17 - 17 - 17 17 17 17 17	Months Days Hours Min
10a. USJAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	Own Home	Hagerstom	n Wash. Co. Ad.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
James D. Bragunier		Eliza	abeth Hose	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17.1	NFORMANT	Addre	-51
Yes no, or unknown) (If yes, give wor or dates of service)	320-10-337\$	Iran B.Del	losier 7267.	Tashington St.
1B. CAUSE OF DEATH [Enter only one couse per li	ine for (o), (b), and (c).			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:  1MMEDIATE CAUSE (c)	Carcino m.	Lusia B.	fichdum.	2 200
153. Q DUE TO				
Conditions, if ony, which ) (b)	Concin .n		/	med Ilman
gove rise to immediate	- UitCinin	7 20	(	777
cause (a), stating the under-				
lying couse lost. (c)	CO. (TOID)   TILL C TO DE (T) 0/1			A. IN . BART 24-1 10 AVAS A STOREY
PART II. OTHER SIGNIF CANT CONDITIONS	CONTRIBUTING TO DEATH BO	NOT RECATED TO THE TERMI	INAL DISEASE CONDITION GIVE	PERFORMED?
	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18 )	
-1		A ME OF INCIDENCE AND A SECOND	Loor (etc. )	(5.
Hour o.m. While	£.	ACE OF INJURY (Home, form actory, street, office bldg., etc.		(County) (State
∑ p. m. 19 at wo				
21 I certify that (I) (this hospital) atten-		/	-	
	75-6_ 19_6/ ond that	death accurred at/22±	M, fram the causes and	I an the dote stated above
22o. SIGNATURE		ATTENIDING 41	FD	22b. DATE SIGNE
ONN Brook	1 amb	M. D. PHYS.	RECTOR PHYS	7/20/
22c. PHYSICIAN'S NAME (Type)	1)	22d. ADDRESS		
- dis D	Houchland	4-6	zentin	2-1
23d BUR AL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City town pr	r county) (Stote)
Burial 3/22/67	Rose Hill	Cenetery	2511.00	Larvland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE
Andrew K. Coffman Hage		1	IAD 2 4 201	
THUTEN W. OOTINGH HIRE	TO COMM' TO TAT	CATILL DATE	1	rthur & Hrays



MARYLAND STATE DEPARTMENT OF HEALTH ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3602 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before a. COUNTY 6. COUNTY Washington Washington b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete limits, write RURAL and give naarest town) write RURAL and give neerest town? Magerstown Hagerstown ed. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE Washington County Hospital YES NO K NAME OF DECEASED (Type or print) DEATH Oscar Derr 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. Male WIDOWED April 16,1916 10e, USUAL OCCUPATION (Give kind of work 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired physici Carpenter. Hagerstown, Md. 13. FATHER'S NAME Charles Oscar Derr Belva Gay Palmer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17. INFORMANT 24 High St. Hagerstown Md. Mr. C.O. Derr 18. CAUSE OF DEATH [Enter only one aute alcoholism DUE TO 2 day. 5+ DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 206. ACCIDENT WAS UNDERLYING ( 206 DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Port I or Part II of Itam 18.

OR CONTR BUTING ( CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 200. PLACE OF INJURY, Hood, Jarm 201 (City or town) (County) (County) factory, street, office bldg., etc.) 196/ 22a. SIGNATURE ATTENDING. 22d ADDRESS 1091/2 74 P. 22c PHYSICIAN'S NAME (Type Frank F. Shupp 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State) REMQVAL (Specify) Rest Haven Cemetery Md. 0 March 13,1961 25a REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Rest Haven Juneral Chapel Hagerstown Md. 15M 9/60



03603 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY **b** COUNTY Washtington MARYLAND Marvland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Sabillasville should months Hagerstown d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE Western Maryland ON A FARM? State Hospital YES NO DO NAME OF 4. DATE Lost Month Year Day DECEASED OF DEATH ELIZH BETH Poges (Type or print) death. 196 9 AGE (In years ast birthdoy) 80 yrs S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months White Female Feb. 1. WIDOWEDT DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CIT-ZEN OF WHAT COUNTRY? Housewife working life, even if retired) Own Home U.S.A. Marvland and ban 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME CO 50 .5 James A. Shields Margaret Miller physica remave 17. INFORMANT S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 90'Idr" Eton Rd. No Mrs. Frank Cummings Silver Spring, Md. attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH 큡 PART I. DEATH WAS CAUSED BY LOBULIAR IMMEDIATE CAUSE (o) DUE TO ģ CF BLADDEK CARCINOMIR Conditions, if any, which sign≡d gove rise to immediate DUE TO couse (o), stoting the underlying couse lost burial-transit PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY cremotion. PERFORMED? YES MO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) Bertifico the S S 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (State) Doy. (County) factory, street, office bldg, etc.) Hour o. m. While Not while of work of work 1966 to MARIEN 5 , 1961, that (1) ( last 21 1 certify that (1) (this: haspital) attended the deceased from DEC saw the deceased alive an MIRMI 5 1961, and that death accurred at 1136M, from the causes and an the date stated above ed by the 22o. SIGNATURE 22b. DATE SIGNED ATTENDING teli unic. MED. STAFF M.D. 22c. PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type) PALLHEROSI PERNSYLVIANIN HIE HACERSTONA TUNIO page 3 sh the State 1 230 BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) Sabillasville Cem. BENOVAL (Specify) 3-8-61 Sabillasville Co.Mc 2 25b REGISTRAR'S S GNATURE 24-FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250 REC'D BY REGISTRAR Thurmont, MAR 1 0 '61 VR A1S (4) arthur & Trave 15M 9/59



eath

1. PLACE OF DEATH 4 COUNTY MARYLAND ashington

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) **b.** COUNTY Washington uarvland

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) H~gerstown Hrs Hagerstown

 d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS

So Coloniak Drive

e. IS RES DENCE ON A FARM? YES NOTE

Wash County gospital NAME OF DECEASED First Middle 4. DATE Month Yeor ELGIN MARGARET (Type or print) EMER DEATH March 11 196 19 S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 65 yrs Months Davs Hours Dec 16 White WIDOWED TO DIVORCED | Female 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 1.d during most of working life, even if retired) USA Laugansville Wash Own Home Housewife

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Wolfensberger

No Record 17 INFORMANT

Address

So Colonial Cameron E. Elgin 1032 None NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Hagerstown Ld. INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0)

**DUE TO** (b)

**DUE TO** 

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 16179. WAS AUTOPSY PERFORMED? YES NO

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18 )

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Conditions, if ony, which

gove rise to immediate

couse (o), stoting the underlying couse lost.

p. m.

20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED Hour o. m. While

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.

Not while of work of work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(Stote)

21. I certify that (1) (this haspital) attended the deceased from.... (1) and that death accurred at 3.2M, from the couses and on the date stated above. saw the deceased olive an

220 SIGNATURE

ATTENDING MD. 22d, ADDRESS

STAFF PHYS.

23a. BURIAL, CREMATION, 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(Stole)

226 DATE SIGNED

24. FUNERAL DIRECTOR'S SIGNATURE

22c. PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

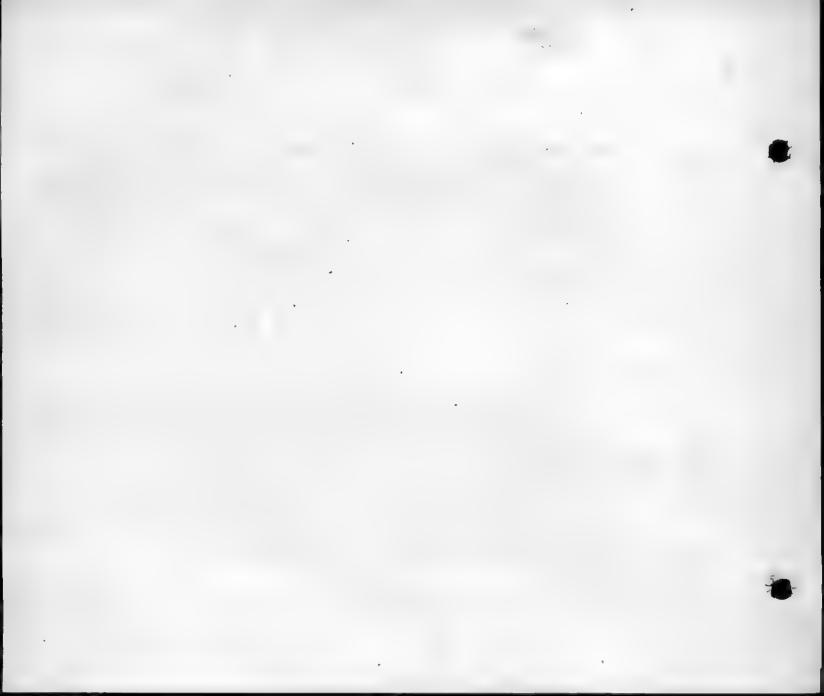
se ADDRESS TT Cenetery gerstown Wash 250. REC'D BY REGISTRAR DATE MAR 1 5 '61

DIRECTOR [

256 REGISTRAR'S SIGNATURE

Coffman Haparstown .d.

VR A15 (4) 15M 9/59



VR ATS (4) TSM 9/59

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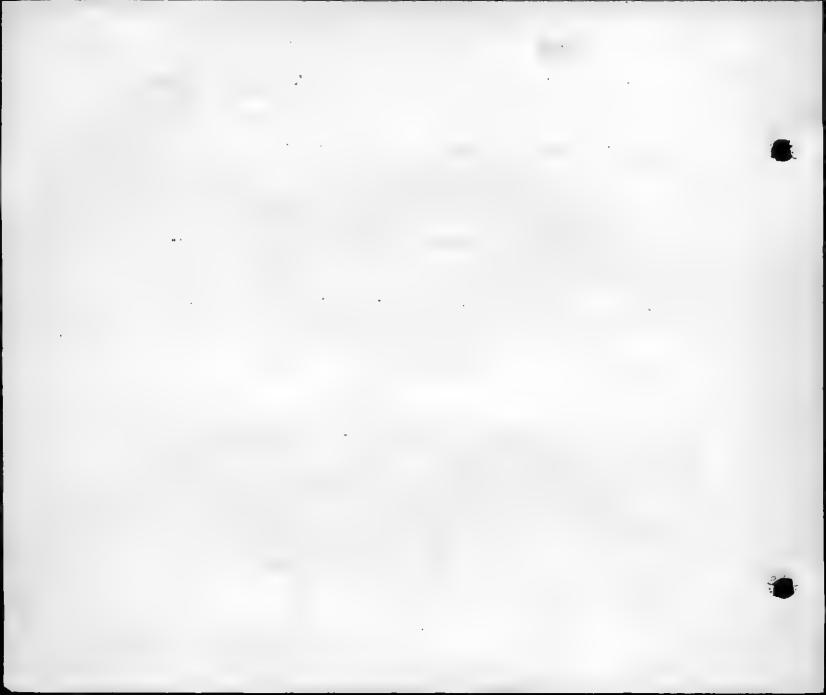
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	2.	14	4.	J.	-4

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,	T. PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived a, STATE	If institution, Residence before admission)
	MOTONIHZAW	MARYLAND	MARYLAND	WASHINGTON
	b CITY OR TOWN (If outs de carporate RURAL and give nearest tawn)	limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN/(If autside carporate lim	its, write RURAL and give nearest town)
	HHGERSIONN		MT. LENA.	
,	d. NAME OF HOSPITAL (If not in haspin	al, give street address)	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	WASH, Co.	HOSPITAL.	DOONSBORD M.D.	R12 YES NO IN
	3. NAME OF DECEASED	First Middle	Lost 4. DATE OF	Month Day Year
	(Type or print)	VIS WICHAU	DERS DEATH M	AKCH - 10 - 19(./
	S SEX 6. CÓLOR OR RA	CE 7 MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE	(in years   IF UNDER 1 YEAR IF UNDER 24 HRS birthday)   Months Days Haurs Min.
J	MALE WHITE	WIDOWED DIVORCED	TEB-5-1883 5	18 7 5
	10a. USUAL OCCUPATION (Give kind of wi during most of working life even if ret	ork done 10b KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	1-H130K1=12	THICM.		o. MP. 4.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	SOLOMAN	LAULDERS	MARTHA C	OX
	15. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unknown)   (If yes, give wer or date		INFORMANT	Äddress
	NO	NONE !	COC.FR TAULDERS	DOBNSBORD MD-R.Z.
	1B. CAUSE OF DEATH [Enter only on	a di Caramanana da Caramanana da Caramana	7'1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED I		teorelation	1-tu-
	7-10 DUE	TO (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
	Conditions, if any, which	(b) allerince	votic heart due	use / tyr
	gave rise to immediate DUE	ЕТО		U
	lying cause last.	(c)		]
	PANT II. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONF	DITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	[3] Xlu	odenal where -	hamorrhage	YES NO
	PART II. OTHER SIGNIFICANT OF THE SIGNIFICANT OF TH	ATH	RED. (Enter nature of injury in Part l(or/Part II of i	tem 18)
		<u>'                                    </u>		
	20c TIME OF INJURY Month, Day, Hour a.m.		PLACE OF INJURY (Hame, farm, † 20f. (City or tow actory, street, affice bldg., etc.) !	n) (County) (State)
	p. m.	19 at work at work	1	
	21. I certify that (I) (this hasp	ital) attended the deceased fram	19 , ta	(arch 1919 61 that (i) (we) last
	saw the deceased alive an	March 10 19 61, and that	death accurred ale 3/M, from the c	auses and on the date stated above
	22a SIGNATURE		ATTENDING MED STA	225 DATE SIGNED
	Janes	rison an	M.D PHYS. PHY	
	22c PHYSICIAN'S NAME (Type)		22d. ADDRESS	
	23a, BURIAL CREMATION, 23b DATE THE	EREOF 23c NAME OF CEMETERY	OR CREMATORY 23d LOCATION (C	City, town, or county) (State)
	13URIAL MARIA	1961 MI-LENA (	EMETTIZY MILLINA	WASH . (O NID.
	24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'D BY REGISTRAR	25b REGISTRAR'S SIGNATURE
	- Other Fil Wall	1 DOONSBORD	/X((). DATE MAR 15'61	Chilling 2. 100mm



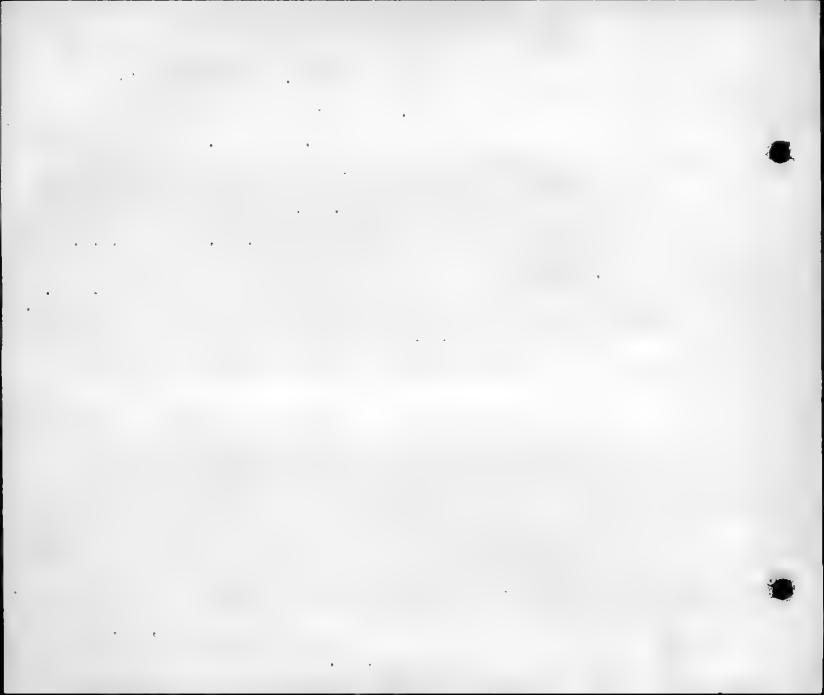
VR A1S (4) TSM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	DIAISION	OF STATISTICAL RESEARCE	1 AND	RECORD:	S - BALII
1	1	CERTIFIC	ATE	OF D	DEATH

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<b>-</b>													VVV
	PLACE OF DEATH o. COUNTY W8	shington		MARYL	AND 2.	usual resid o. state Peni	DENCE (Who	ere decea		<b>COUNTY</b>	n. Residenc klin	e before od	mission)
	b. CITY OR TOWN (IF RURAL and give ned	outside corporate limits	write	c. LENGTH OF STAY I		c. CITY OR T		utside con	porote lim	its, write RL	JRAL and g	ve nearest	lown)
	Hagerst			3 wks.		Chai	nbers	sbur	g,				
	OR INSTITUTION	AL (If not in hospital, giv				d. STREET A				-	C 30		RESIDENCE N A FARM?
_	Garlo	k Nursing	g Ho	spital		229 S	. Siz	xth	St.	/	-	YES	NO []
	NAME OF DECEASED (Type or print)	Anni e		Long	Fo	Los! ster		4. DATE OF DEAT		nch	25	Doy	Yeor 1961
_	SEX	6. COLOR OR RACE	7. MARRII			ATE OF BIRTH	1	1	9 AGE	In years	IF UNDER	YEAR IF U	NDER 24 HRS
	F		WIDOWE			an. 1		76	85	birthday) yrs	Months	Doys Ho	urs Min,
100	. USUAL OCCUPATIO	N (Give kind of work doing life, even if retired)	one 10b. K	IND OF BUSINESS OR	INDUSTRY						12 CITIZ	EN OF WH	AT COUNTRY?
	at hom					Knob	svill	le,	Pa.		U	.S.A.	
13	FATHER'S NAME				1-	. MOTHER'S	MAIDEN N	IAME					
	J	. Adam Lo	ng			Jane	Glu	nt					
		IN U. S. ARMED FORC		OCIAL SECURITY NO.	17, INFOR	MANT				Addr	**229	S. 6	th. S
Ĺ	no	<u> </u>								Cha	mber	sburg	, Ba.
		TH [Enter only one could have could have caused by.	se per line	A C	_0	ę						INTERVA ONSET A	L BETWEEN
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	Conditions, if on gove rise to in			manie-	chi							1	
	couse (a), stating t											1	
7	lying couse lost.	) (c)										1	
CATION	PART II. OTH	ER SIGNIFICANT COND	ITIONS <u>CC</u>	ONTRIBUTING TO DEA	TH BUT NO	related to	THETERM	NAL DISE	ASE CONE	ON GIV	EN IN PART	PE	REPORMED?
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OC	CURRED (E	nter noture of	Finjury in F	Port I or F	Port II of it	lem 18.)			
CAL		Month, Doy, Year		SURY OCCURRED		OF INJURY (I			ity or tow	n}	(C	ounly)	(Stote)
MEDICAL	Hour o.m.	19	While of work	Not while	rectory	, street, office	blag., etc.	1					
		(l) (this haspital)	ottende	ed the decensed f	rom .	125/6	7 10	ŀo	3/2	5/61	10	that (	I) (we) last
	saw the decease	7/0	5.701										ted above
	220 SIGNATURE	1	-/	(7-1-) julia i	mur dear	II decorred	4 41	.144, 11 01	iii iiie ci	uoses uik	3 OF THE	dule sid	22b DATE
		Hound	100	Wills	M.D	PHYS	[Z] Dil	ED RECTOR [	STAI	FF S	3/	107/5	1 SIGNED
	, 22c. PHYSICIAN'S NAME (Type)	Howard	M. 1	Jecks, M.D	s	22d. ADDRE	ss Iorth	Fot	toma	o ct.	Hag	torac	om, M
230	BURIAL, CREMAT OF	A. 23b. DATE THEREOF		23c NAME OF CEME	-	EMATORY		23d, LO	ATION (C	ty, town, o	r county)		(State)
	BuriaI	3/29/61		Knobsvi	lle			Kn	obsv	ille	. Pa		
24.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			25a REC'I	D BY REG	ISTRAR	256 REGIS	TRAR'S SIG	NATURE	
1/	The AR.	Barlow	(	Thambershi	ומינו	Pa.	DATE M	AR 2	9 '61	C	ithur S	. Thousa	



MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYE CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence 6. COUNTY Woshin a. COUNTY Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (It outside corporate limits, w RURAL and give naarest town) write RURAL and give nearest town) Hagerstown Life Harerstown d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospita, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Avalon Monor 36 Broadway YES NO NO 3. NAME OF DATE DECEASED OF Cornelia Orrick Funkhouser 19 6] [Type or print] DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Dave Hours Female WIDOWED TO DIVORCED 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working lifa, even if retired) U.S.A. Housewife Hagerstown, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis J. Orrick Annie Hieronimus 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (Ifyes givewar or dates of service) Lewis Funkhouser Hagerstown. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b., and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2- mas IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate caus DUE TO (a), stating the under - ig cause last. PART II. OTHER S GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO V Urteressecratic 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20s. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, offica bldg., etc.) Not While While Hour s.m. at work at work 19.6 , that (f) (we) last saw the deceased alive on... 22a. SIGNATURE DONED **ATTENDING** DIRECTOR PHYS. PHY5. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL\_(Specify) Rose Hill Cemetery 25a. REC'D BY REGISTRAR 256 **ADDRESS** houzer runeral Hagerstown, Md.

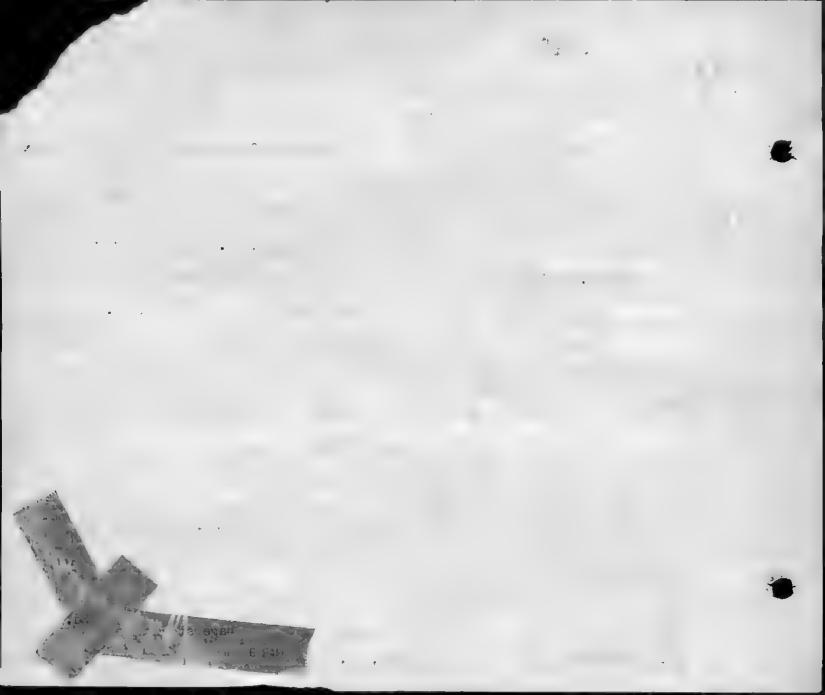
funeral by the and 2 death. E ... filled in Pages carbon physician гетоме Bui 'n, affen physic been has le hi YSICIA hospital certificate 8 0 USB

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VR A15 (4)

1SM 9/60



VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH 3613 EVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03610

1. PLACE OF DEATH O COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) 5. STATE 6. COUNTY
MARYLAND MARYLAND	NIAIRYLAND WASHINGTOW
b CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town)	C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RUTEL CHEVEAR	ROBAL
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
KEEDYSVILLE MD. R'	KEEDYSVILLE NID-R. 1 YES NO []
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year OF
(Type or print) . HERMAN STANLEY	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 14 ARS
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED TO	tost birthdoy) Months Doys Hours Min
100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDU	MARCH 27-1922 38 yrs 11 20 STRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
during most of working life, even if ratired)	
13. FATHER'S NAME	MT.AETNA WASH CO. MID U.S.A.
	4 A A A A A A A A A A A A A A A A A A A
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, II	NFORMANT Address
[Yes, no. or unknown] [If yes, give wor or dates of service]	
No. 220-16-40294	
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) / LELEVELLE	e 1 de Trail 3. Jyou
DUE TO	l l
Conditions, if any, which gove rise to immed ate (b)	
couse (a), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	F NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO D
" 200 ACCIDENT WAS INDESIVING TO 20% DESCRIBE HOW INTERPO OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) (County)
Hour o. m.  P. m.  While Not while of work of work	city, steel, office stug., etc.)
21 1 certify that (I) (this haspital) attended the deceased from	Theresis 16, 1961, to live 4 1/196/, that (1) (we) last
71. 16 1 11	heath accorred at A.M. from the causes and on the date stoted above.
220 SIGNATURE	3/ 22b DATE
-The till acc-	M.D. ATTENDING MED. STAFF PHYS. SIGNED
22c PHYSICIAN'S NAME (Type)	22d ADDRESS
G. Wikelary	1000 malle, 12.01
230 BURIAL, CREMATION 236, DATE THEREOF 23c NAME OF CEMETERY C	DR CREMATORY 23d. LOCATION (City, town, or county) (State)
BURGAL MAICH 20-1961 MT. LENA	CEMETERY MILLENA WASH, CO.MO.
24 FUNERAL DIRECTOR'S SUGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
John D. Wast BooksBoro 1	(ID. DATEMAR 21 '61 Chilmy S. Knows

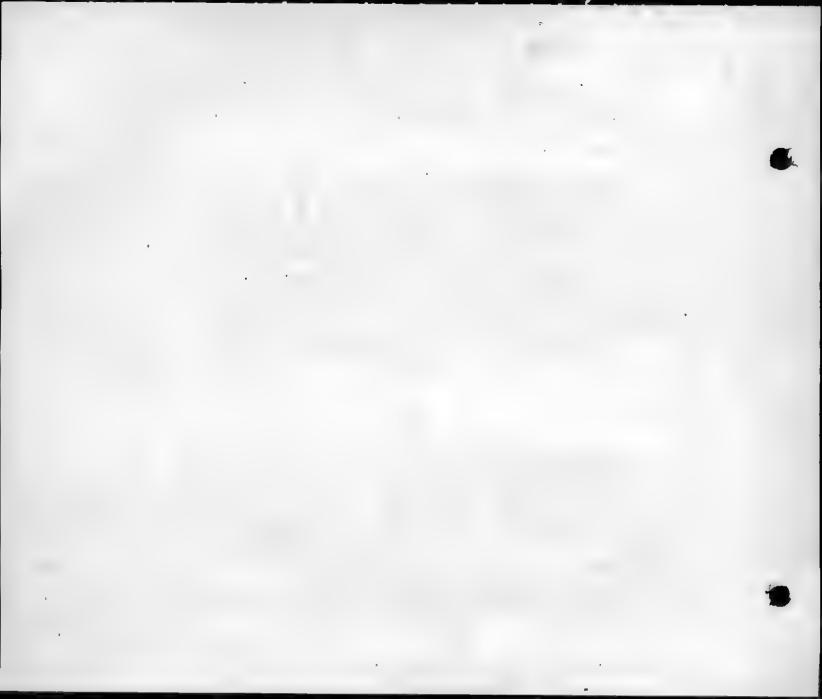


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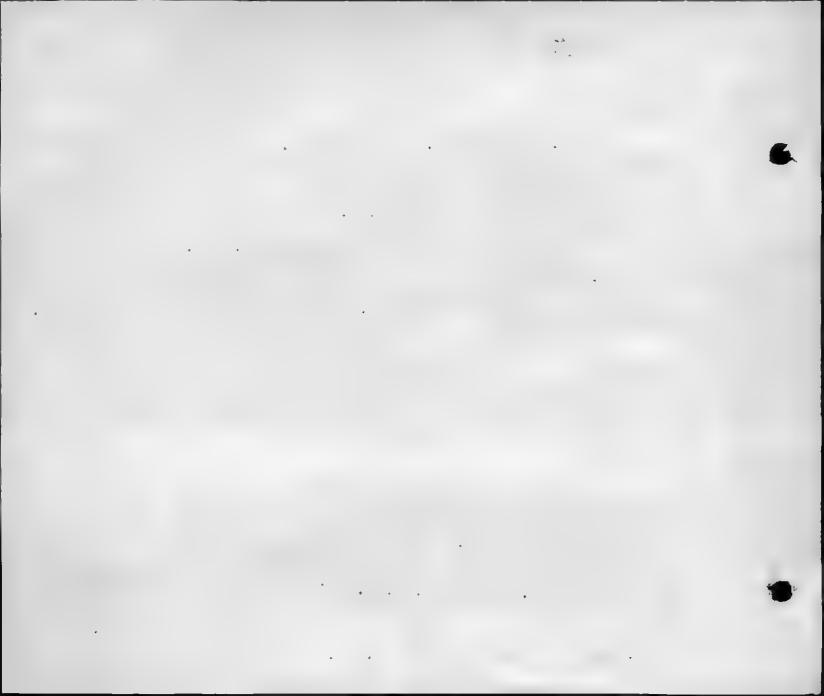
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15M 9/59

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This certificate should be executed within 24 haurs as word "pending" in pencil in Item 18. Give Pages 1,



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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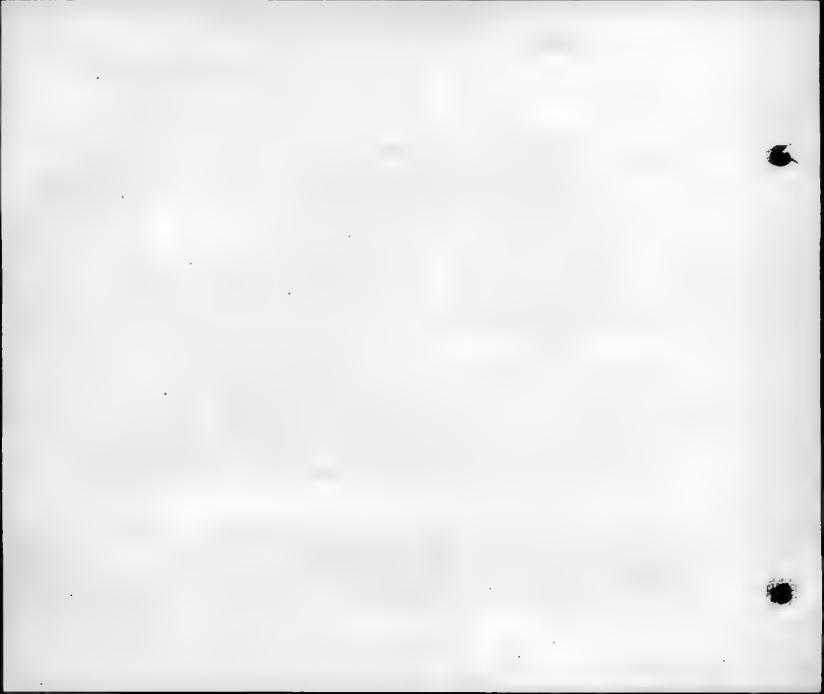
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					. 4074
1. PLACE OF DEATH O. COUNTY	ashington	MARYLAND	O STATE	here deceased lived If institution b. COUNTY	Washington
b CITY OR TOWN RURAL and give r		Life	C. CITY OR TOWN (IF	outside corporate limits, write RL	JRAL and give nearest town)
	ITAL (If not in hospital, give str	reet address)	d. STREET ADDRESS River R		e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED {Type or print}	ESSIE	Middle LEE	GRIMM	4. DATE Mont	,
s. sex Female	many P a	MARRIED NEVER MARRIED OWED MONTH	B. DATE OF BIRTH Sept. 11,	1887 9. AGE (in yeors lost birthdoy) 73 yrs.	Months Doys Hours Min.
100 USJAL OCCUPATE during most of wor HOUSEWIL	rking life, even if retired)	Own Home	Dargan,	Maryland	12 CITIZEN OF WHAT COUNTRY?
	her Columbu	s Hanes		Katherine M	yers
	ER IN U. S. ARMED FORCES? (If yes, yes war at dates of service) None		NFORMANT Mrs.	Edwin Keller ers Ferry, We	ess
Canditions, if gave rise to couse (a), storing lying couse lost  Part II OT	the <u>under-</u> DUE TO C	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
20g. ACC DENT W OR CONTRIBUTING (IF EITHER, NOTIF)	YAS UNDERLYING (1) 20b. G (1) CAUSE OF DEATH Y MEDICAL EXAMINER;	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Part II of item 18.)	
20c. TIME OF INJU	w		LACE OF INJURY (Home, far actory, street, office bldg , el		(Caunty) (State)
saw the decem	1 44.	tended the deceased from		58, to Assistance 20 30 Pilling the causes an	d an the date stated abave.
22a SIGNATURE	me Sege	monte.		MED STAFF PHYS.	22b. DATE SIGNED
226 PHYSICIAN'S NAME (Type)		EMORE, Ch	22d ADDRESS	herdstou	un, W. VA.
REMOVAL (Specify		Samples Man		23d. LOCATION (City, town of Samples Man	
Bur 1al		ADDRESIATPET West	s Ferry 250. REC	C'D BY REGISTRAR 25b, REGIS	STRAR'S SIGNATURE

s after death. Page 4 ond 2 shauld be filed with TO HOSPITAL TRATEMENTS THYTICIAN: The law require that the death merificate be executed within 24 may be and by the haspital an attending mysicion.

TO FUNEXA, DEMECTOR: After this merificate has been signed by the attending physician and campletely filler page 3 should be detached far use as the bur altransit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, ar remayol, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



VR A15 (4) 15M 9/60

H

## MARYLAND STATE DEPARTMENT OF HEALTH

2617

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	3617 CERTIFICAT	E OF DEATH	03619
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institutions Re	sidence before edmission
	Washington MARYLAND	* STATE Maryland b. COUNTY No. 7	lo stanceste our
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest fown)	c. City OR TOWN (If outside corporate limits, write RURAL and	give nearest town
	Hagerstown 5 month	X Shorpsburg	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS	e. IS RESIDENCE
1	Washington County Hospital	216 Main Street	ON A FARM?
	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yeer
	(Type or print) Katherine Ralston Gu	iney DEATH March 2	27 19 61
		B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 )	
		90.191915 + 16.00 + 919	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF RUSINESS OF INDUSTR		LEN OF WHAT COUNTRY
	done during most of working life, even if retired)  Cracuate Nurse  Hospital	middlesboro Ka. U.S	5. A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Zachary T. Ralston	Katherine C. Vize	
Л	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. I		
	(Yes, no, or unkown) (Ifyesgivewerordefesofservice) NO 220 34 0880147	. Joseph Guincy Sharpsburg	Na Na
	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	e apoliti autitol plitibanung	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY: Metz static	Parcinoma	ONSET AND DEATH
	1'/5'() DUE TO	CC. CINOTHE	T. W.C.
	Conditions, if ony, which (b) Car Cimon.	as overy	2 mg
ļ	DIE TO	To be y	
	tel, stering the uncertying	·	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH OF THE PROPERTY MEDICAL EXAMINED		YES NO DE
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED.	2. (Enter neture of Injury in Pert E or Pert II of Item 18.)	1 1
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		ACE OF INJURY (Home, farm, , 20f. (City or lown) (Count	(Stele)
	Hour a.m. While Not While st work st work	tory, street, office bldg., etc.)	
	21. I certify that (i) (this hespital) attended the deceased from	DOC. 9 1060 to Mord 1/ 160	( that (I) (way law
		death occured a	
	22/ SURATUR	dean occaree agree	22b. DATE
	TO A C. I M	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	3/ 1-1 SIGNE
	22c. PHYSIOIAN'S	22d. ADDRESS	1
	NAME (Type) 1650 H- HOFFm	a - 2/4 M. Potomics	Ţ.
	230. BURIAL, CREMATION, 236 DATE THEREOF   13c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	REMOVAL (Specify) B-24-61 Lit. View Ce	emetery   Sharpsburg Md.	
	24 SUNSEAL PIRECTOR'S SIGNATURE	256. REC'D BY REGISTRAR   256. REGISTRAR'S SI	IGNATURE
	aller Leaf Williamspiry	DATEMAR 2 4'61 Golfun 8	W



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1		3618 CERTIFICA	TE OF DEATH	_03613
	1	PLACE OF DEATH COUNTY, SQSP. CO. MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATE b. COUNTY	esidence before admission)
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If bulside corporate limits, write RURAL	and give nearest town)
	-	d, NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO P
w.		NAME OF DECEASED First Middle	Last 4 DATE Month OF	Day Year
	S 5	Type or print)  EX  SOLOR OF RACE   7. MARRIED   NEVER MARRIED		NDER 1 YEAR IF UNDER 24 HRS
1	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  DIVORCED DIVOR	Nov. 18, 1879 81 m	CITIZEN OF WHAT COUNTRY
	13.	ARTIST DESIGNER FLATS EANNER Y FENNA	NTO BALTIMORE, NID.	U.S.A
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	ANNIE L. POPE NFORMANT RICHMOND HILL 18 Address)	YEN' YORK
	(Ye	, no, or unknown) (f yes, give wor or dates of service,	R. E. L.ME. R. G. HANCOCK 914	9-11110,57
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a).	ovoven occusi	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which (b)		
		gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> (c)		
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
U	CERT FI	20g. ACCIDENT WAS UNDERLYING TO 20g. DESCRIBE HOW INJURY OCCURR OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part 1 or Part 1! of item 18.)	
	MEDICAL		LACE OF INJURY (Home, form, 20f (City or town) actory, street, office-bldg , etc.)	(County) (State
		21. I certify that (I) (this haspital) attended the deceased fram.	1120	19_0/ tha (1) (we) las
		saw the deceased alive an 5-2 1961, and that	death accurred at/ M, fram the causes and an	1 the date stated above 226 DATE SIGNED
		22c PHYSIC AN'S NAME (Type) F BULK 1+	M.D PHYS DIRECTOR PHYS DIRECTOR DIRECTO	+ Md
O	230	BJRIAL, CREMAT, ON. 23b. DATE, THEREOF 23c NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d LOCAT ON (City town, or cou	unity) (State)
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAT 256 REGISTRAT	/ D
94	1	tale they to the metant off out butters	ille for DATELAR 8 161 Chiller	S. Kraus

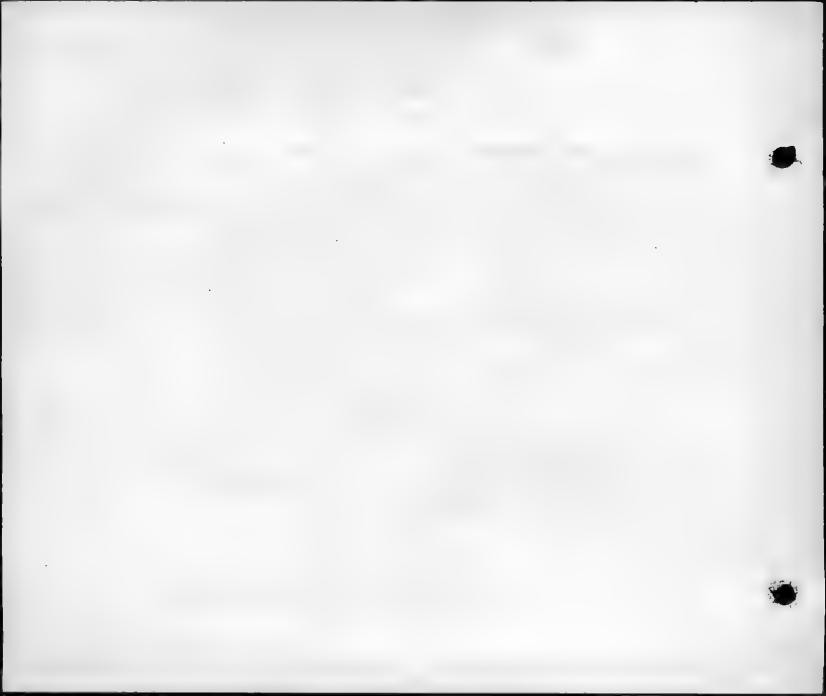
may be ned by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to you the funeral director, page 3 should be detached far use as the bur al-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. COR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

s after death. Page 4

VR A15 (4) 15M 9/S9

TO HOSPIT



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before a dm ssion) a. COUNTY b. COUNTY Washington the id 2 Frederick MARYLAND b. CITY OR TOWN (if outs de corporata limits. E LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporata fimils, write RURAL and give nearest town) 97 þ write RURAL and give nearest town) Hancock Brunswick c --Pages aft f.lled d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS ancock Rest Home West 3. NAME OF 4. DATE Month. paper complet DECEASED OF (Typa or print) Tđa Catherine DEATH Hanson and cor 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Female WIDOWED 1 DIVORCED [ 10a. USUAL OCCUPATION (Giva kind of work physician remove 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Retired Manager Furniture Store. West Virminia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ease Edward H. Thompson Ella V.Beck ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no or unkown) (If yas give war or dalas of sarvica) Ars. Florence Nicode tus, Brunswick, Md. 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c) , PART J. DEATH WAS CAUSED BY: PHT HOMENY Eleman IMMEDIATE CAUSE (a) DUE TO aftending Contestive Heart Wailure Conditions, if any, which gava risa to immediate cause DUE TO (a), staling the underlying lmurtension the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY certif.cate as o 206. ACCIDENT WAS UNDERLYING . 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING . CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Affer 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 2Df. (City or town) (County) factory, streat, office bldg., atc.) Not While Whila Hour a.m. at work at work DIRECTOR: 57 to Lara 10, 19.5 that (I) (we) last ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Typa) filed v 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Spacify) 4 5 g Burial FLINERAL DIRECTOR'S SIGNATURE ADDRESS

Brunswick, Maryland

. IS RESIDENCE ON A FARM? YES NO ..

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO N

> > (State)

22b. DATE 7 77 SIGNED

Christing S. Krous

DATE MAR 21 '61

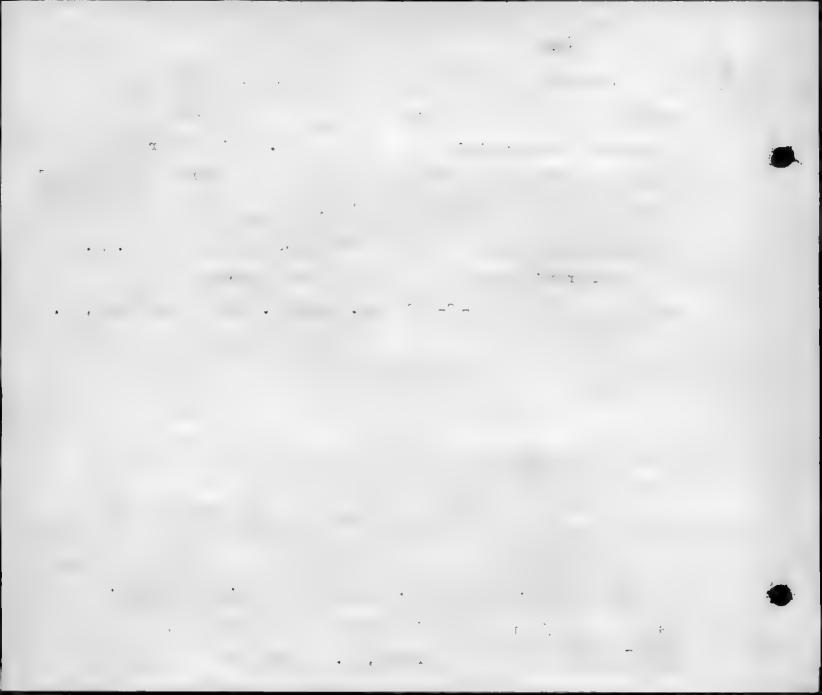
Days

VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3620 funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased I ved. If institution: Residence before admission) a. COUNTY **b.** COUNTY Washington Washington the day MARYLAND Maryland and deat b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN ( f outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY N 16 þ write RURAL and give neerest town) Pages 1 aurs after Hagerstown Hagerstown years filled . IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hours ON A FARM? 701 W. Washington Street YES NO Washington County Hospital NAME OF Middle Year paper DECEASED comple A GNES ROZELLA HARR (Typa or print) DEATH March 61 19 within pon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months and Davs Female July 4, WIDOWED [ DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY! dona during most of working life, even if ratirad) U.S.A. Homemaker Steelton, Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ altending 음 and Peter Francis Clark Mary Ann Murray Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT oval. (Yas, no, or unkown) (Ifyas g've war or dates of sarvice) Philadelphia, Pas 214-32-3862 Mrs. Rezella A. Watson the INTERVAL BETWEEN 18. CAUSE OF DEATH |Enter only one ceuse per ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (\*) DUE TO Conditions, if any, which (b) gave rise to Immadiate cause DUE TO (a), stating the underlying adensis Thrend has PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? NO F prior 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) he ል Affer 20d, INJURY OCCURRED 20s, PLACE OF INJURY (Homa, farm, (State) 20c. TIME OF INJURY 2Df. (City or town) (County) Month, Day, Yaar factory, street, office bldg., atc.) Whila Not While Hour a.m. at work at work may be retained DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from... plrous deceased 22b, DATE GMATURE 22a. ATTENDING DIRECTOR PHYS. PHYS. M.D. AAL. page 22d. ADDRESS PHYSICIAN'S Washington St. . Hirshman, M.D. hilip director, be filled 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY REMOVAL (Spacify) Rose Hill Cemetery Hagerstown. Maryland OH Buria 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) DATE MAR 1 7 '61 15M 9/60 Hagerstown, Md. Circling S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH



s after death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

Scott F. Minnich & Son, Hagerstown, Md. DATE

		3621		CEKI	IFICA	IE OF DE	AIH				03c	16	
	LACE OF DEATH	Vashingto	n	MA	RYLAND	2 USUAL RESIDE a. STATE	,	re deceased d •	b. COU	NITY -	a sh		7)
ŀ	CITY OR TOWN (IF RURAL ond give no Hagersto			LENGTH OF ST.  1 day	AY IN 16	C. CITY OR TO	wn (If ou nsbo	,	ote limits, wr	ite RURAL and	give near	est town)	
-	Washingt	AL (If not in haspital, goon Count)	y Hos	pital		d. STREET AD		2			e	ON A F	ARM?
- 1	NAME OF DECEASED (Type or print)	Fire Ruth	st	Naomi Naomi	dle	Harri	s	4. DATE OF DEATH		March March		19	61
	emale	6 COLOR OR RACE white	7. MARRIED	NEVER MAI	RRIED	Oct. 31	, 18		9 AGE (In ye last birthdo 71		Days	Hours	24 HRS Min
Qa.	. USUAL OCCUPATIO during most of work housew	IN (Give kind af work o ing life, even if retired) <b>71f e</b>	done 10b. KIN	ND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLA			_	12. CI	IZEN OF	WHATCO	UNTRY?
3.	FATHER'S NAME	Richard P	. Hag	an		14 MOTHER'S N	AIDEN NA		ary E	llen K	eys	er	
		R IN U. S. ARMED FOR- If yet, give war or dates of se	ervicel	one		formant arles G	. к.	Har		<sup>Address</sup> Boonst	oro	, Md	•
TION	PART I. DEATH WAS CAUSED BY    MMEDIATE CAUSE (a)   DUE TO    Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.   (c)     Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTOPSY PERFORMED?								MED?				
CERTIFICA	20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY	OCCURRE	). (Enter noture of	injury in Po	art I or Port	II of item 18	.}		YES [	NO 🚺 .
MEDICAL	20c. TIME OF INJURY Havr o. m. p. m.	Y Month, Day, Yes	ar 20d INJU While at wark [	URY OCCURRED Not while at work		CE OF INJURY (He tory, street, office			or town)		(County)		(Stote)
	saw the deceas 22a. SIGNATURE 22c PHYSICIAN'S NAME-(Type)	t (1) (this hospital ed alive on the second	). T P	19:25 a	nd that d	eath occurred  A.D. PHYS.  22d. ADDRES	a≯ À ME ⊠ DIR	M, from	STAFF PHYS.	<i>†</i> - ¿	T-i	stated of	bave.
	BURIAL, CREMATIO REMOVAL (Specify) DUTIAL  FUNERAL DIRECTOR'S	4-1-61	DF 2	Mt. O		Cemete	ry	Free	deric	wn, or county)  K, Md a		(State)	
		2 SINDING DISC		AUUREDD			CORD REPORT	DE RELEASE	RMK 1 /5/5	C C AMAICICAN	CONTRACTOR	i.	

TO FUNE TO HOSP RE A15 (4) ISM 9/SP



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, after death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) . COUNTY filed shington b CITY OR TOWN (If outs de corporate limits, write ero c. LENGTH OF STAY IN 16 þ CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) RURAL and give nearest lown) Clear Spring shoufd Clear Spring d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS KO Lain St andin St NAME OF Middle 4. DATE Month filled DECEASED HASSETT DEATH (Type or print) LABEL March 13 death 9. AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months 72 hours after WIDOWED [ DIVORCED | Female papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Big Spring Wash Co Own Home Housework carbon 13. FATHER'S NAME physician William Hassett Sara Edelen геттаче WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address No Lrs Elizabeth Ankeney Big Spring Md. None attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Ventricular fibrillation PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) DUE TO Hypertensive Arteriosclerotic Heart Disease Conditions, If ony, which gned b (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY  $\mathbf{None}$ 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED factory, street, office bldg, etc.) Hour o. m Not while of work of work March 13 19 61 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram July 8March\_1219 61 and that death accurred at 11. 30 from the causes and an the date stated above Health saw the deceased alive an DIRECTOR: 22o SIGNATURE ATTENDING MED DIRECTOR Oben e e ö PHYS | Boord 72c. PHYSICIAN'S 22d. ADDRESS should Archie Robert Cohen, M.D. Clear Spring, Maryland FUNER c 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify)

IS RESIDENCE ON A FARM?

1963

USA

(County)

Spring Wash

256 REG STRAR'S SIGNATURE

Cirimo S. Kraus

Clear

25a REC'D BY REGISTRAR

Cemetery

tle Rose Hill

YES NON

Year

19

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

minutes

(Stote)

22b, DATE SIGNED 6 1

(Stole)

unknown

PERFORMED2,

YES NO PA

15M 9/59

24 FUNERAL DIRECTOR'S SIGNATURE

Andrew K. Colluan Haperstown Id.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the 4 may be retained by the hospital or attending physician.

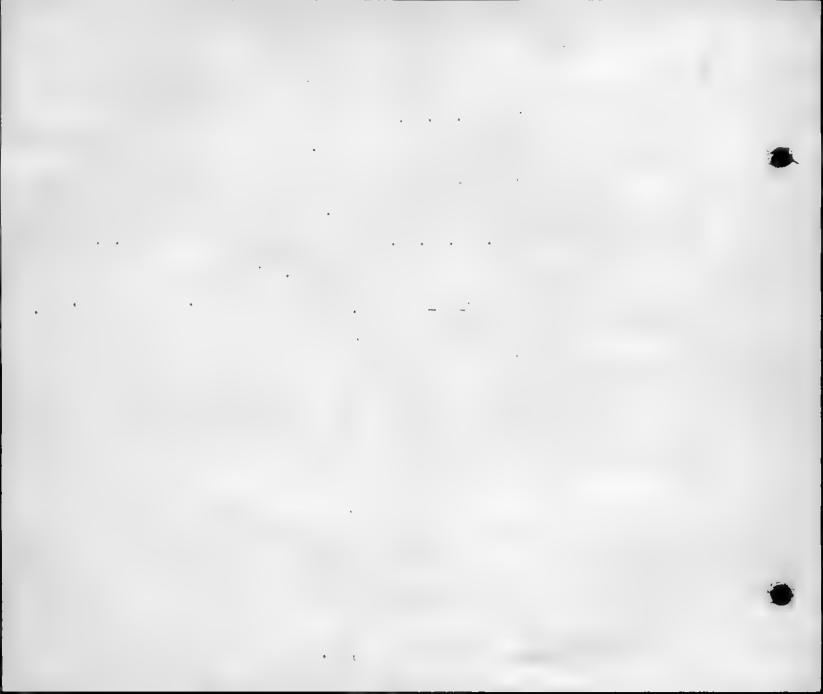
TO FUNZRAL DIRECTOR. After this certificate has been signed by the attending physician and completed filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (13618)

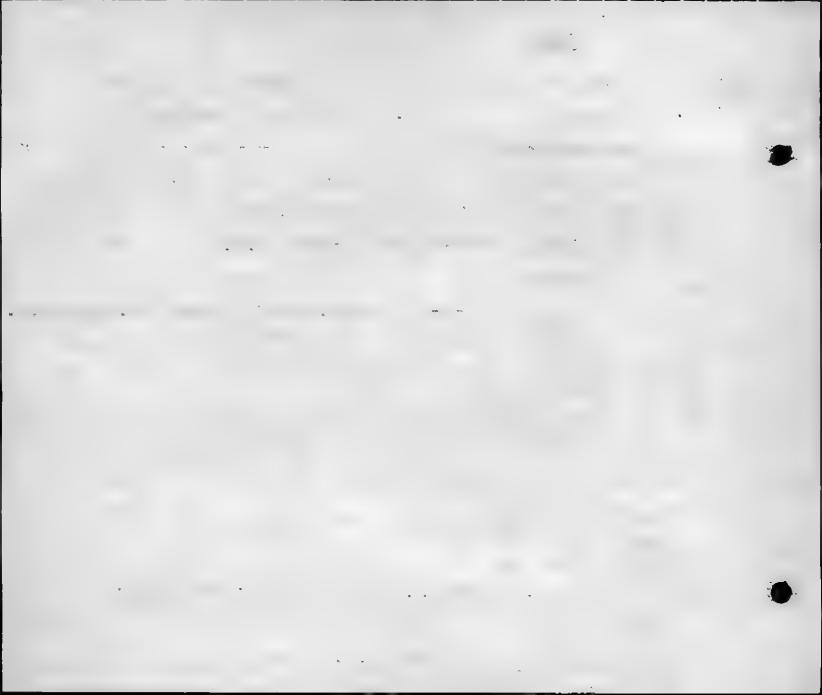
1. P	LACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission)
A	Washington Maryland	a. STATE Naryland Nashin, ton
Ь	o. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	rerstown ). O. A.	Williamsport
d	i. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	shington County Hospital	20 N. Artizan Street   YES □ NO M
	NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
	Type or relati	Henry Death March 30 1961
5. 5	6. COLOR OR RACE 7, MARRIED NEVER MARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M	ale White WIDOWED DIVORCED	Sept. 15 1880 80 yrs. 6 14 Hours Min.
10a.	USUAL OCCUPATION (Give kind of work a during most of working life, even if retirad)	RY   11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ection Boss W. Md. R. R.	Jest Virginia U.S.A
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Levi Henry	Mary E. Wisenburg
15,	WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	
(103)	110 215-01-9864Plr	s. Ada Henry 20 N. Artizan St. Md.
Ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
	//フィカ	
	Conditions, if any, which > 16, Atheos he	usis à Congostive failero 5-yr
	The party to	72
	(a), stating the underlying cause lest.	,
NO	(1)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART THE 19, WAS AUTOPSY
CATIO	Men	PERFORMED? YES NO X
	200. ACCIDENT WAS UNDERLYING     200. DESCRIBE HOW INJURY OCCURED	). (Enter neture of injury in Part I or Part II of item 18.)
	OR CONTRIBUTING TO CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER,	-
3 -		ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)
MED	Hour a.m. While Not While fac	tory, streat rollies bldg , etc.)
···  -	7 1 2	March 20 19000 March 2.8, 1961, that (1) (we) last
		i death occured at M, from the causes and on the date stated above
	22p Signature	
	111111111111111111111111111111111111111	ATTENDING MED. STAFF
	22c. PHYSICIAN'S	PHYS DIRECTOR PHYS.
	NAME (Type)	· [11-1] ding sont Mod
230	BURIAL, CREMATION, 1 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
_ R	REMOVAL_(Specify)	Wallamanont Manyland
24	rial April 1-61 diverview (	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
17	Williamspor	t.Md.
		DATE DATE DR 3 '61 - Linday & Thomas



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AND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3625

03620

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hazes after death. Page 4 may be a but by the haspital or attending physician.

TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours ofter death.

VR A15 (4) 1SM 9/59

funeral director.	uld be filed-with	(1)	1	)
The	ind 2 sho		7	
NEBAC SIRECTOR: After this certificate has been stoned by the attending physician and completely filled. The funeral director.	3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be fulled-with	, and in any event, within 72 hours after death.	(	
ECTOR: After this certificate has been staned to	d far use as the burial-transit permit.	tate Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours oft	T.	*
NERAL SIRECTOR: AF	3 shauld be detached	tate Board of Health p		

Ь	-											
ľ	1. PLACE OF DEATH a COUNTY					. USUAL RESID			lived. If institut b. COUNTY			
L		nington		MARY		M	aryl	and	5. COGIVII	Wash	ing	ton
ı	b. CITY OR TOWN (IF RURAL and give nea		its, write	c. LENGTH OF STAY	IN 1b	c CITY OR TO	OWN (If or	utside corpora	te limits, write I	RAL and g	jive near	est fown)
l	Hagerstown			37 Yrs,		Hager	's tow	n Rt.	4			
1	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	give street	address)	1	d. STREET AL	DDRESS				6.	IS RESIDENCE ON A FARM?
		ash.Co	Ma:	ryland		Cearfo	as T	ash.C	o.L.rv	land		YES 🔛 NO 🗆
ľ	3. NAME OF DECEASED	fii	rsit	Middle		Lost		4. DATE	Mai		Day	Year
I	(Type or print)	DANIEI		TESLEY	НО	LLITGE	R	OF DEATH	rch	31		19 61
ľ	S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	D 🔲 8.	DATE OF BIRTH	1		. AGE (In years	IF UNDER		F UNDER 24 HR
ı	Male	"hite	WIDOW	ED DIVORCE	POS	ept 39	1.89	0	last birthday)	Manths	Days	Hours Min.
İ	100. USJAL OCCUPATION	(G ve kind of work	dane 10b.	KIND OF BUSINESS O	R INDUSTR	Y 11 BIRTHPLA	ACE (State o	or foreign cau	ntry)	12. (11)	ZEN OF V	VHAT COUNTRY
ı	during most of workin			ster-Long		Cearf	099	Tash (	Cod.		USA	
ŀ	13. FATHER'S NAME			3001 50112		14. MOTHER'S			GL			
1	David F	Hollinger	1			Tga	hell	e Wel	ah			
1	15 WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17, INFO	RMANT	200	<u> </u>		lress		
I	(Yes, no or unknown) (If	yes, give war or dates of s	212	3-14-6369	TT8.0	ry D.	Spic	kler (	Greens	astle	P9.	
İ	18. CAUSE OF DEAT	H Enter only one co	ouse per la	ne for (a), (b), and (c).		R	# 2		- 4 7 1 8 4		INTER	VAL BETWEEN
ı	PART I. DEAT	WAS CAUSED BY:	,	Common	127	alues a	-				ONSE	T AND DEATH
ı	1 1 1	MMEDIATE CAUSE (c			-0.77	i Hen	22	1000				Ch. a
ł	Conditions, if on	1		WHILE	- CAN CC	e. Herri	1 600					Les .
ł	gave rise to im	mediate 1									+	
1	lying cause last.											
1		R SIGNIFICANT CON		CONTRIBUTING TO DEA	ATH RUT NO	OT RELATED TO	THE TERMIN	NAI DISEASE	CONDITION OF	VEN IN PART	1601 19	WAS AUTOPS
1	PART II OTHE			50,111,001,110,10,00	20714	OT REDITED TO	THE PERMIT	TANG DI JENJE	CONDINGNO	TEN TOTAL		PERFORMED?
I	E 00 1000000000000000000000000000000000	HNDERLYING [	20h DES	CRIBE HOW INJURY O	CCURRED	/Enter nature of	minty in P	art Lor Port I	Lof item 183			IES [] NO [
l	200 ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY W	CAUSE OF DEATH REDICAL EXAMINER)				,22.						
1	20c TIME OF INJURY Have o. m.	Month, Day, Ye		NJURY OCCURRED		E OF INJURY (H			r town}	(C	aunty]	(State
1	∑ p. m.	19	While at war			1			1			
ı	21 I certify that	(I) (This) haspital	l) attend	ded the deceased	from C	Prul 9	199	57 10 /	work 3	1 196	∠ tho	t (I) (we) los
ı	saw the decease	/ /	122	196/, ond		ath occurred	01/25					
J	220/ 9 GNATURE	14-	7		11101 400			711, 71 20111 11	10 000303_01	10 011 1/10	4010	22h DATE
ı	This	14/14-60	unc	en	Mi	D. PHYS	DIF	RECTOR [	STAFF PHYS		5	K//3/K
1	22c. PHYSIC AVIS NAME (Type)	/				22d. ADDRES	SS 71	EO W I	Wa <b>shi</b> ngt	on St		
	TVAME (Lype)	Philip J	. Hir	shman, M.D	•		H	agerst	own har	vland	•	
1	23a BURIAL CREMATION	, 236 DATE THEREC	)F	23c NAME OF CEM	ETERY OR C	REMATORY			DN (City, tawn,			(State)
	Burial	4/3/67		t Zion	Cene	teru	nea	r Cea	rfoss 1	Tuch	Co	. 4
1	24, FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	VIIIO	SOT A	25a REC'D	BY REGISTR	AR 25b. REG	STRAR'S SIC		
	Andrew K.	Cofinan	Нале	erstown 1	d.		DATE	YR 4	61 (	Chillian ,	d. The	wg
16			and had a		THE W							



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03621

B. CITY OR TOWN (If outside corporate limits, write a LENGTH OF STAT IN 1D RELIGION OF TOWN) (If outside corporate limits, write RURAL and give necesser sywm)    ACREA   Acres   Acre	1 6	LACE OF DEATH		2. USUAL RESIDENCE (Who o STATE	ere deceased lived. If institut		efore admission)
RUBAL OR GIVE PROPERTY AND ALLEY AND CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19 WAS AUTORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19 WAS AUTORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19 WAS AUTORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19 WAS AUTORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19 WAS AUTORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19 WAS AUTORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19 WAS AUTORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19 WAS AUTORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19 WAS AUTORED TO WHAT COURRED TO WAS AUTORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19 WAS AUTORED TO WA	`	ta sher glow	MARYLAND	Pa.	b. COUNTY	Frankl	in.
d. NAME OF HOSPITAL (If not in hospin); give street oddress) OR INSTITUTION  SERVING PROMISE AND AND AND AND AND AND AND AND AND AND	ŀ	RURAL and give nearest town)				RURAL and give r	nearest tawn)
36 INAME OF DECASED IN IN STREET OF MARRIED   B DATE OF BUSTY   STREET OF DECASED PRINT   STREET OF DECASED PRINT   STREET OF DECASED PRINT   STREET OF DECASED PRINT   STREET	<u></u>			1000	esboro		
3. NAME OF CASE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  18. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  18. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  18. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  18. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CONSTRUCTION (Save and one)  19. CONSTRUCTION (Save and one)  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse per limptiff (c), (b), and (c), (c), an	1	NAME OF HOSPITAL (If not in haspital, give street of institution	address)	d. STREET ADDRESS	All the Party of t	* 31	
S. SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   18 DATE OF BIRTH   18 DATE OF BIRTH   18 DATE OF BIRTH   19 DIVORCED   18 DATE OF BIRTH		Fakroy Kudy momoria. D	lame to aged	361 W. 2nd		, all "	
S. SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   18 DATE OF BIRTH   18 DATE OF BIRTH   19 DATE OF B	3. 1	IAME OF First	Middle	Lasi	4. DATE Mo	nth	Day Year
Somale   Shite   WIDOWED   DIVORCED   38   1875   Solid birthday   Months   Days   Mours   Mine	(	(ype or print) CL/VE	SNADER		DEATH		
100 USUAL OCCUPATION (Give kind of work done) 100 KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stole or foreign country)   12 CITIZEN OF WHAT COUNTRY   11. BIRTHPLACE (Stole or foreign country)   12 CITIZEN OF WHAT COUNTRY   12 CITIZEN OF WHAT COUNTRY   13. BIRTHPLACE (Stole or foreign country)   12 CITIZEN OF WHAT COUNTRY   13. BIRTHPLACE (Stole or foreign country)   12 CITIZEN OF WHAT COUNTRY   14. MOTHER'S MAMBE   14. MOTHER'S MAMBE   14. MOTHER'S MAMBEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH   17. INFORMANT   17. INFORMAN	V	and a second second	IED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years lost birthdoy)	7	
House Duties  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  16. CAUSE OF DEATH [Enter only one couse per linguist (o). (b). and (c). 18. CAUSE OF DEATH (Enter only one couse per linguist (o). (b). and (c). 18. CAUSE OF DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  18. CAUSE OF DEATH (Enter only one couse per linguist (o). (b). and (c). 19. IMMEDIATE CAUSE (o)  18. CAUSE OF DEATH (Enter only one couse per linguist (o). (b). and (c). 19. IMMEDIATE CAUSE (o)  18. CAUSE OF DEATH (Enter only one couse per linguist (o). (b). and (c). 19. IMMEDIATE CAUSE (o)  18. CAUSE OF DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  18. CAUSE OF DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  19. Canditions, if ony, which gove rise to immediate (c). 19. Immediate (o). Immed	-			7/28/ 1875	86 yrs.		s Hours Mile
13. FATHER'S NAME  15. WAS DECRASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  16. MAS DECRASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  17. INFORMANT  Address  MTS. Ida M. Baker, Waynesboro, Pa.  18. CAUSE OF DEATH [Enter only one couse per ling of (g), (b), and (c).]  PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSE AND DEATH ONSE A	100	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole i	or foreign country)	12 CITIZEN	OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   No.   173-03-0956A.   Mrs. Ida M. Baker, Waynesboro, Pa.		House Duties		Near New	Windsor Pa.	_ u o	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dolles of service) 173_03_0956A. Mrs. Ida M., Baker, Waynesboro, Pa.  18. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c). PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSE AND DEATH ONE of an immediate cause (a), storing the year rise to immediate pouse (a), storing the year ling for (o). (b). DUE TO (conditions, if only, which gove rise to immediate pouse (a), storing the year ling for (o). (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMANCY YES IN OCCURRED (In the related to the course of injury in Port I or Part II of I tem 18)  200 ACCIDENT WAS UNDERLYING (I) CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)  200 TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (In the related to the deceased from While of work of the work of	13.	ATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Text   No. or unknown    If yet, give war or doles of service    17.3-03-0956A   Mrs   Ida M   Baker   Waynesboro   Pa.		Evan Lamas Ar	ea dli	Eliza	Erren, Ro	acke	
18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c)			SOCIAL SECURITY NO. 17. IN	FORMANT	Ado	dress	
PART I. DEATH WAS CAUSE (c)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stating the <u>under:</u> lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED? PERFORMED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work		7.0	73-03-0956A. M	irs, Ida M. Ba	ker, Waynesbo	ro, Pa.	
DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under-lying couse last.  Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)    Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b)    Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)    Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)    Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)    Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)    Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)    Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)    Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)    Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)    Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)    Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)    Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)    Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (c)    Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (c)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (c)    PART II. OTHER SIGNIFICANT CONDITIONS CO		18. CAUSE OF DEATH [Enter only one couse per li	or (o), (b), and (c).	1 1-	1	11	TERVAL BETWEEN
DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stating the under:  If ying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SIGNIFICANT PART I (c)  PART II. OTHER SI			10 mentras	allenal	elorosis	0	NSEY AND DEATH
Conditions, if ony, which gave fise to immediate cause (a), stating the under-lying couse lost.    Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AJJOPSY PERFORMED? YES NO				00000000			
DUE TO    Some cause (a), stating the under-   DUE TO   Some cause (a), stating the under-   DUE TO   Some cause (a), stating the under-   DUE TO   Some cause (a), stating the under-   DUE TO   Some cause (a), stating the under-   DUE TO   Some cause (a), stating the under-   DUE TO   Some cause (a), stating the under-   DUE TO   Some cause (a), stating the under-   DUE TO   Some cause (a), stating the under-   DUE TO   Some cause (a), stating the under-   DUE TO   Some cause (a), stating the under-   DUE TO   Some cause (a), stating the under-   DUE TO   Some cause (a), stating the under-   DUE TO   Some cause (a), stating the under-   DUE TO   Some cause (a), stating the under-   DUE TO   Some cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), stating the under-   DUE TO   Stating cause (a), sta		1 - 0 10	V				•
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AJTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work o		gave rise to immediate					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AJTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 1B)  200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 TIME OF INJURY Month, Day. Year 19 While Not while of work of		cause (a), staring the under-					
20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18)  20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18)  20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED of While of work of twork of twork of twork of twork of twork of twork of two work of two	7	, 10)					lie with t Toney
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.)  20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work 19 of work	lo.	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART I(o)	PERFORMED?
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 19	\2						YES NO
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 19	ERTIF	206 ACCIDENT WAS UNDERLYING 1 206. DESCORT OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	fort I or Port II of Item 1B )		
27 I certify that (I) (this haspital) aftended the deceased from Savuery 10196, to March 26, 1986, that (I) (we) last saw the deceased alive an March 26 1961, and that death accurred at 33M, from the causes and an the date stated above 220 SIGNATURE  220 SIGNATURE  M.D. ATTENDING MED PHYS.   3/1966 SIGNED P		1		OF OF HIM INV HILL I	705 100		
21 I certify that (I) (this haspital) altended the deceased from INVILLEY (0.96), to March de, 1960, that (I) (we) last saw the deceased alive an March to 1960, and that death accurred at 33M, from the causes and an the date stated abave 220 SIGNATURE  220 SIGNATURE  M.D. ATTENDING MED PHYS.   3/1966 SIGNED	님	Hour o.m. While	I for			(Count	ly) (Slote)
saw the deceased alive an Mark 76 196, and that death accurred ab 33 M; from the causes and an the date stated above 220 SIGNATURE  M.D. ATTENDING MED STAFF PHYS.   3/9/6/SIGNED SIGNED PHYS.   22d. ADDRESS NAME (Type) G. W. LeVan 22d	ME	10					
220 SIGNATURE  White the signed and	$ \cdot $	21 I certify that (I) (this haspital) aftend	/ //	77.0			
220 SIGNATURE  WE ATTENDING MED PHYS.   3/19/6/ SIGNED  220. PHYSICIAN'S NAME (Type) G-Wi LeVan  221. ADDRESS DOORSON MED PHYS.   3/19/6/ SIGNED  222. ADDRESS DOORSON MED PHYS.   3/19/6/ SIGNED  224. ADDRESS DOORSON MED PHYS.   3/19/6/ SIGNED		saw the deceased alive an Mann	19.6/, and that d	eath accurred at 233	M, fram the causes a	nd an the da	ite stated abave
22c. PHYSICIAN'S NAME (Type) G. W. LeVan 22d. ADDRESS NAME (Type) G. W. LeVan 1300ndo-00 md		220 SIGNATURE				3/	22b. DATE
NAME (Type) G. W. helan Boonston Mid		Muxwon		M.D. PHYS ME	RECTOR PHYS.	1/29	7/6) SIGNEL
G. Winevan Joonsoon Jud		22c. PHYSICIAN'S		22d. ADDRESS		2	//
23g BURIA, CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, Jown of County) (State)		G-Wihevan		12000	relow	ne	9
	23a		23c NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, fown,	or county)	(Stote)
Burial 3/29/61 Green Hill Waynesboro, Franklin Co., Pa.			Green Hill				
24 FUNERAL DIRECTOR'S SIGNATURE ; ADDRESS 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE	24			25a. REC'I			
Il witer ? that to confine sent a. DATE APR 3 '61 William & Thomas		1: The ? Xha E	1 salme Dean				

VR A15 (4) 15M 9/59

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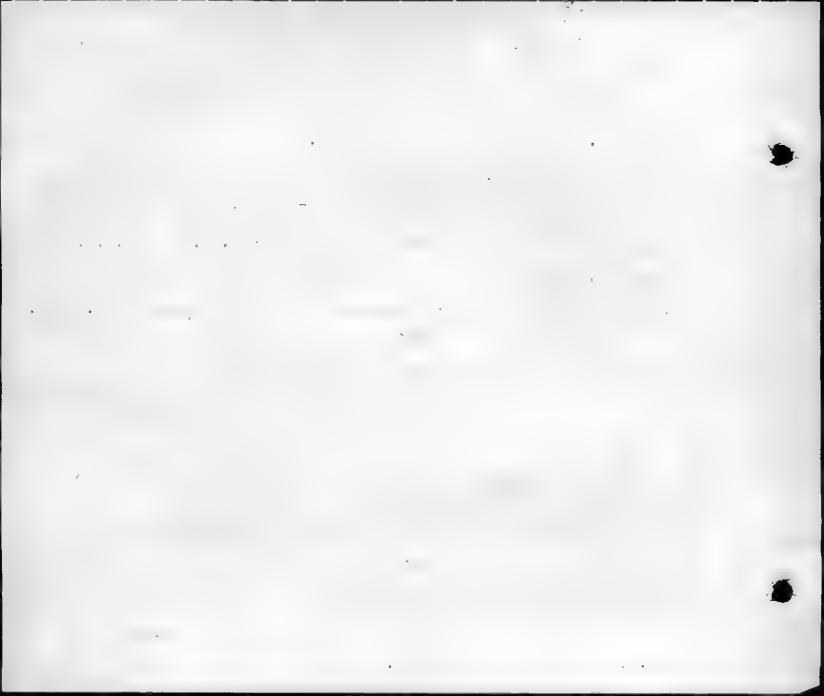
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

3627 **CERTIFICATE OF DEATH** 

(1)	3	6	K	ij
1.5	u	U	fig/	1

4 5-6			
Page director	1. PLACE OF DEATH  o. COUNTY Washington MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Fre	ce before admission) ederick
funeral uld be	b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1	c. CITY OR TOWN (If autside corporate limits, write RURAL and g	give nearest town)
by the id 2 should be a should	d NAME OF HOSPITAL (If not in hospital, give street address) or, INSTITUTION I.d. State Hospital	500 W. South Street	e is residence on a farm? yes \( \) no \( \)
hin 24 h, y filled y oges 1 or oges 1 or	3. NAME OF Perst Middle DECEASED (Type or print) Edith U.	HURC DATE Month OF DEATH March	
pletely press. Pog	s. sex Female  6. Color or race 7 married Never Married Color of Widowed Divorced	Hay 27- 1885 ? 7 5 yrs Months	Days Hours Min.
execute and com an pape 2 hours	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Domestic	Frederick-Co.Md. U.	S.A.
an a carb	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ficat ysici ove with	HOADS T. WALKER  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117	Arianna Smith  Address	
certii g ph rem	[Yes, no, or unknown] (If yes, give wor or dates of service)	Rosetta Duffins-22 Corver An	to Thee a wa
ath ndin ny e	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	ROSECCE DULLINS-22 Carver Ap	INTERVAL BETWEEN
atter atter	PART I. DEATH WAS CAUSED BY: ACUTE CORON	ary pechision	ONSET AND DEATH
the The and	DUE TO		
f by al,	Canditions, if any, which ) (b) CIRTERIOSCLERE	fic Heart disease	unknown
on. I signed	gave rise to immediate DUE TO	tenio selenosis	11
physicio os beer iol-tran otian, o	3 ( Husertension, penian ( ) cerebral he	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T I(o) 19 WAS AUTOPSY PERFORMED? YES NO 10
ian: Ti ending ficate h the bur the bur	OR CONTRIBUTING EL CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED (Enter nature of injury in Part I or Part II of item 18.)	
PHYSIC al ar all his certi to buri	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e Hour a. m. While Not while at wark of wark	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City ar town)	County) (Stote)
NG spitt frer t d for prior	21 I certify that (1) (this hospital) attended the deceased frame	, Jeinuary 17, 1961, to March 19, 196	✓, that (I) (we) last
R: Air	saw the deceased alive an MCLRLN 19, 1961, and that		
od by the RECTOING De debt de de de de de de de de de de de de de	220 SIGNATURE  Dietar d. Ramas,  220 PHYSICIAN'S	M.D. ATTENDING MED STAFF	22b. DATE SIGNED PARCK 20, 1961
should Board	22c PHYSICIAN'S NAME (Type) VICTOR L. Ramos, m.		restound md.
OSP V be UNE Sea	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETER'	OR CREMATORY 23d LOCATION (City, town, or county)	(State)
Pog +	Burial 3-22-61 Fairview	250 REC'D BY REGISTRAR 256 REGISTRAR'S ST	wlend
VR A15 (4)	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIG	
2011 - 100	1	I DATE DOTAL BY A ST. CTOPAGE	AL / ULBANET

TO HOSPIT VR A15 (4)



is necessary, please exerector. Page 4 should be executed within 24 hours after deoth. If ony deday is necessary, please exe-nitem 18. Give Pages 1, 2, and 3 to the funer. rector. Page 4 should be ith form PM3. Page 5 may be retained for you 7,25. onsit permit. File pages 1 and 2 with the registrar prior to burial, cremotion. cute! rtificate, writing the ward "pending" in pencit in flem 18. Giforwo, to the Chief Medical Examiner's Office along with form PM3.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. certificate shauld be MEDICAL EXAMINER: This O DEPUT

or removol.

VS. A15ME(5)

5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	36	28 M	EDICA	L EXAMINE	R'S	CERTIFI	CAT	E OF	DEATH	ĺ	Reg. Dist.	No.()	362	13
	PLACE OF DEATH	lashington		MARYL	AND	2. USUAL RESIDE 0. STATE	NCE (WI		sed lived. If In			before	odmission	
Ł	ond give necret town)		We EURAL	c. LENGTH OF STAY II	N 1b	28		town	porote limits, w	rite RI	URAL and giv	neare	it town)	
•	I. NAME OF HOSPITA Tracys!		(If not in hosp	oltal, give street address)		dustreet ADD		yst	Lane				IS RESIDE	RM?
4	NAME OF DECEASED (Type or print)	Solor	irst 1011	Middle Earl		Jacobs		OF DEATH		onth 3	10	oy .	Year 195.	L
5. 5	male	6. COLOR OR RACE White	7. MARRIE WIDOWED	D NEVER MARRIED  DIVORCED	_	ot. 8, 18	391		9. AGE (In year fail birthday) 69 y	-	FUNDER TYE	-	INDER 24	
00	. USUAL OCCUPATION luring most of working Petire	life, even if retired		IND OF BUSINESS OR IN arpenter	NDUSTRY	Wash.		r foreign . Md .	country}		12. CITIZEN	OF WI	AT COU	NTRY?
13.	FATHER'S NAME Willi	lam Jacobs	1			14. MOTHER'S MA Luci]			an					_
	WAS DECEASED EYER . No. or unknown)	R IN U. S. ARMED F	Exercised	14-09-9301		ormant Irene	acol	S	Addi Hagerst		, Md.			
		WAS CAUSED BY: MMEDIATE CAUSE (C	o)								0	DIERVAL I NSET AN	DEATH	
	gove rise to immedi (a), stating the ur cause lost.	ate cause											·	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE									GIVEN	EN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO P				
CERIF	20a. EXTERNAL CAUS PRIMARY   or CONT CAUSE OF DEATH.		Ob. DESCRIBE	HOW INJURY OCCURR	ED. (Ent	or nature of injury	in Port I	or Part II	of item 18.)					911
MEDICA	20c, TIME OF INJURY Hour o. m. p. m.	Month, Day, Yo	While	Not while	PLACE	OF INJURY (Home, street, office bld	e, form, g., etc.)	20f. (Cit	y or town}		(County)		(Sf	ote)
21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inqui death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .									Inquiry [	], at	d find	that		
	ACTUAL SIGNATURE	& Ew	De	150		M.D. CHIEF MEDI	CAL EXA	MINER				DA	TE SIGNE	מ

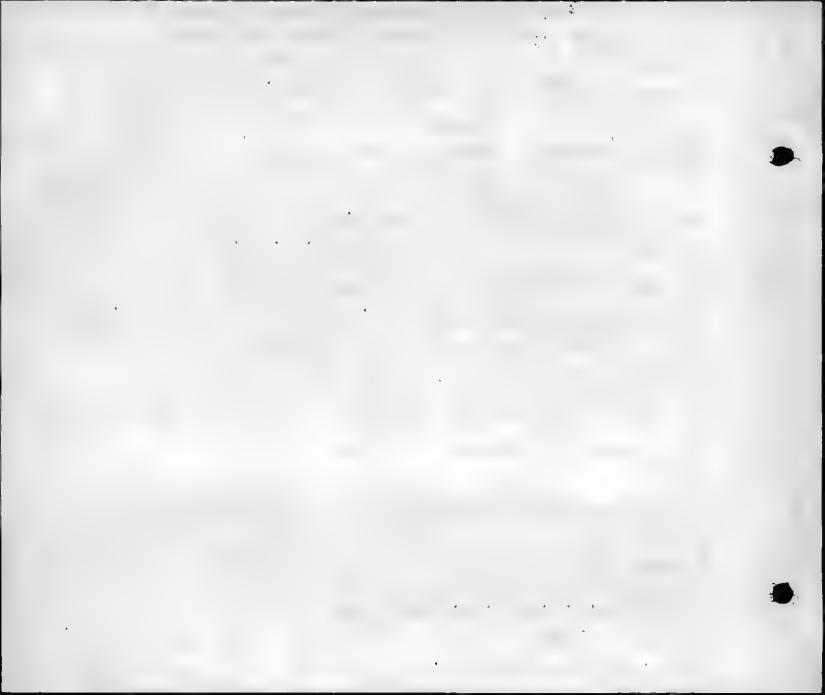
EXAMINER'S NAME (Type) 3-11-51 DEPUTY MEDICAL EXAMINER 1 220. BURIAL, CREMATION, REMOVAL (Specify) DUPIAL 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 3-13-61 Rest Haven Cemetery Hagerstown ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Fred W. Kraiss Hagerstown, Md.

arthur S. Krous DATEMAR 1 4 '61

(Stote) Md.

ASSISTANT MEDICAL EXAMINER



moy be '

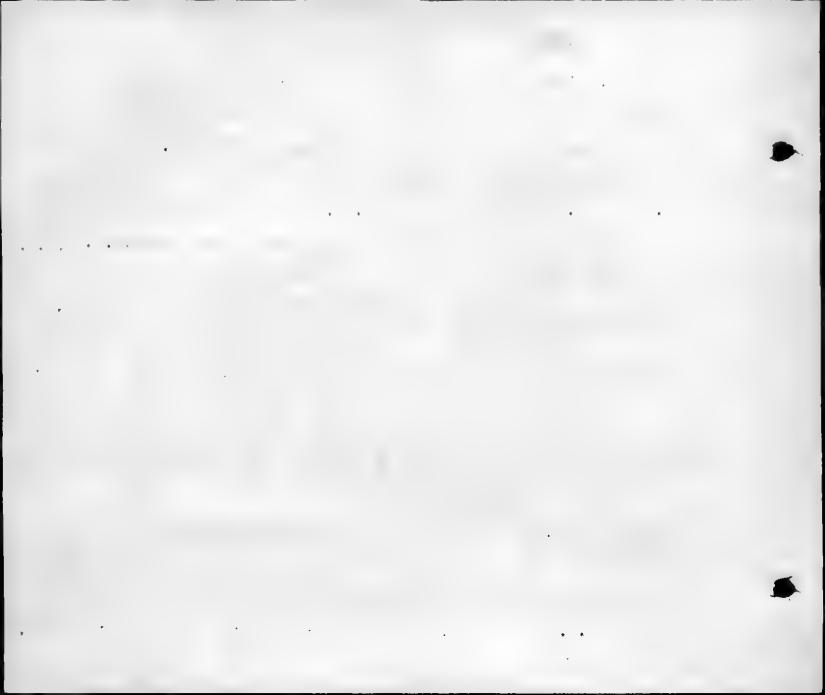
VR A15 (4) ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3629

03624

1. PLACE OF DEATH o. COUNTY		Waryland Washington				
Washington	MARYLAND					
<ul> <li>CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)</li> </ul>	ite c. LENGTH OF STAY IN 16					
Big Pool Maryland	2 Months	Rural Hancock Maryland				
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	reet address)	e. IS RESIDENCE ON A FARM?				
Home		Rural 2 Hancock Md. YEST NO				
3. NAME OF First DECEASED	Middle	Last 4 DATE Manth Day Year				
(Type or print) Blanc						
S SEX 6 COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS igst birthdoy) Manths Days Hours Min				
	OWED DIVORCED	2.14.1891 70 yrs.				
10a USEAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY				
Housewife	Housewife	Weshington County Mary Wasak. N.S. A				
13 FATHER'S NAME		14. MOTHER S MAIDEN NAME				
Grant Myers		Amanda Shives				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [III yes, give wor or dates of service]	16 SOCIAL SECURITY NO. 17 II	NFORMANT Address				
No	None En	mert L Keefer Rural 2 Hancock Md.				
18. CAUSE OF DEATH [Enter only one couse p	per l'ne far (a), (b), and (c)	INTERVAL BETWEEN				
PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)	Chr. Eno	lot par ditio				
4 214 DUE TO	0.1					
Conditions, it ony, which ) (b)	Goodings and Males and Suns					
gove rise to immediate (	gove rise to immediate					
lying cause lost.						
PAIT II OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS				
PART II OTHER S.GNIFICANT COND TICE  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF FITHER, NOTIFY MEDICAL EXAMINERS		PERFORMED? YES \( \text{NO} \)				
200. ACCIDENT WAS UNDERLYING 1 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Part II of item 18.)				
	- 4	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctory, street, affice bldg., etc.)				
p. m. 19 of	/hile Not while	4				
21 I certify that (I) (this haspital) at	tended the deceased fram	MAT/5 1960 to Mar 6, 1961, that (1) (we) las				
147	1 F 1	death occurred a 122 Millitram the causes and an the date stated above				
220 SIGNATURE 1		22b DATE				
1 ATUTAL XXX	Ulwer	M.D. ATTENDING MED STAFF DIRECTOR PHYS   3/5/EGNE				
22c PHYSICIAN S	7 70	22d. ADDRESS )				
NAME (Type) David	Drewer	Clear opring Med.				
23o. BURIA., CREMAT ON 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	23d LOCATION (City, tawn, or county) (State)				
Burial 3.9.61	Rehobeth Me	thodist Rural Fulton County Penns				
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE				
House & Win	2 Hancool	mal DATEMAR 10'61 Classing & thouse				



MARTIAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3630 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.() 3625
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 3. COUNTY Washington was and b. COUNTY Washington
marting von marting marting von
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town]  Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
Washington County Hospital 141 Devonshire Road VES NO NA FARM?
3. NAME OF DECEASED (Type or print) Lester Mason Keller Sr. 4. DATE Month Doy Year OF DEATH March 24 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years light brithday) Months Down House Min
Male   White   WIDOWED   Sept. 25, 1899   61 yr.   WIDOWED   Sept. 25, 1899   61
10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Machinist Railroad Near Cearfoss, Md.
13. FATHER'S NAME
Elmer Keller Mary Toms  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address (16. social service)]  (If you, give war or dobts of service)  (Mrs. Wanda L. Keller Hagerstown, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART L DEATH WAS CAUSED BY
DUE TO DUE TO
(Conditions, if any, which) to Anterior Conditions, if any, which) to the transfer of the same
gave rise to immediate cause [(a), stating the underlying DUE TO
couse last. (a) (aloucus Turney i cursus
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO -  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
YES NO  206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.)
20a. EXTERNAL CAUSE WAS 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)  CAUSE OF DEATH.  20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.) (City or town) (State)
21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find the
death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
ACTUAL S.C. DI SIGNED
SIGNATURE CULLULY CONTROL M.D. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER [ ] 3/25/6/
NAME (Type) Edward W. Ditto 111, M. D.ACT DEPUTY MEDICAL EXAMINER []  220. BURIAL CREMATION, 22b. DATE THEREOF ZZC. NAME OF CEMETERY OR CREMATORY ZZd. LOCATION (City, town, or county) (State)
Burial 3-27-61 Rest Haven Cemetery Hagerstown, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hagerstown, Md. DATE MAR 28'61 Cultur S. Trans

TO DEPUTY MEDICAL EXAMINER



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3631

03626

	a. COUNTY  MARYLAND  MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY WASHINGTON
1	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  TUNIE-WOCD CHURCH HOME	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
Ī	NAME OF First Middle DECEASED (Type or print) AFTIFE FULATIFE	Last 4. DATE Month Day Year OF DEATH MARCH () 19 (
	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  NOTICE DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED DIVORCED  NOTICE DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED  NOTICE DIVORCED DIV	B. DATE OF BIRTH  9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Inst birthday)  APRIL - 1 C - 18 C   Months Days Hours Min.  STRY 11 BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
-	3. FATHERS NAME  KOBERT LA MAR	14. MOTHER'S MAIDEN NAME  NELLLE FAKLE
		RS. ROSS BOWARD HACERSTONAN MP
	PART I. DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (b)  DUE TO  Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.  Co. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT.	vascular Collagor Mun  C failure Man Man  Dial enlargemen Mass  I NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS COMMIBUTING TO DEATH BUT  200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  201 OR CONTRIBUTING CAUSE OF DEATH  202 ACCIDENT WAS UNDERLYING CONTRIBUTING CO	PERFORMED? YES NOT NOT II of item 1B )
	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the control of work to the cont	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that (I) (this haspital) attended the deceased fram.  saw the deceased alive on 19 C/ and that	death occurred at AM, fram the causes and an the date stated abave
	22c. PHYSICIAN'S SUBJECT ON IS G. GRAFF	M.D. ATTENDING MED. STAFF OF S
	30 BURIAL CREMATION, 236 DATE THEREOF 23c, NAME OF CEMETERY CONTROL (Specify) NAR 12 1961 SOLNS 15 OCO	OR CREMATORY 23d, LOCATION (City, town, or county) (Stote) CEMETERY DYNSBORO WASH (CO IV)

s after death. Page 4 y the attending physician and campletely filled of the funeral director. Then please remove carbon papers: Pages 1 and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ham may be used by the haspital or attending physician.

TO FUNERAZ DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers: Pages 1 at the State Board at Health prior to burial, crematian, ar remavol, and in any event, within 72 hydrs after death.

VR A1S (4) ISM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

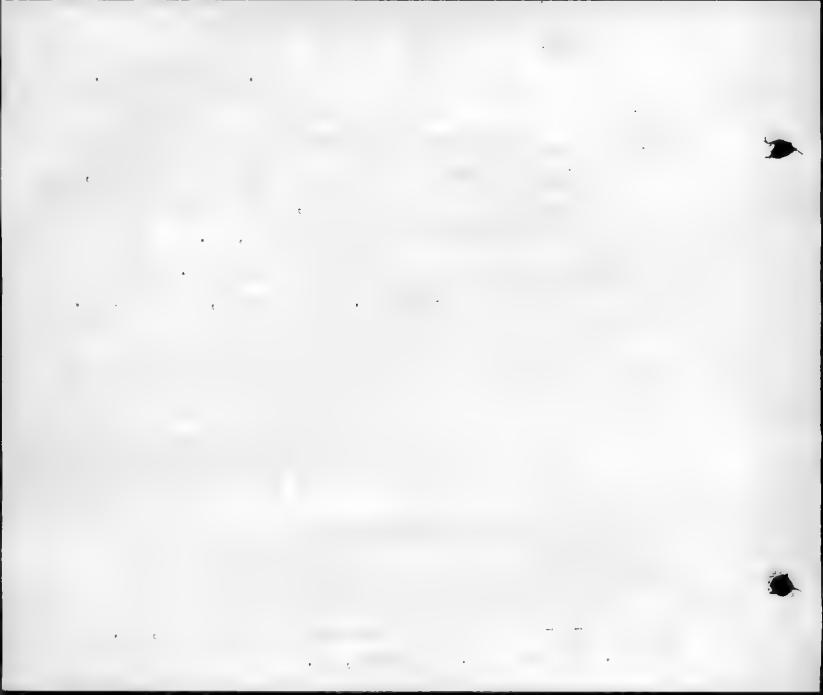
2520

03035

2036	CERTITICA	IL OI PLAIII	1,000			
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived If institution: I	Residence before admission)			
Washington	MARYLAND	o. STATE Md. b. COUNTY	Wash.			
b CITY OR TOWN (If autside corporate limits, w RURAL and give nearest town)	rite c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)			
Hagerstown	11 days	Cavetown				
d. NAME OF HOSPITAL (If not in haspital, give : OR INSTITUTION	street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?			
Washington County	Hospital	Box 5	YES NO L			
3. NAME OF First	Middle	Last 4. DATE Month OF	Day Year			
(Type or print) Kelfer	Edward	Lewis DEATH Mai				
S. SEX 6. COLOR OR RACE 7.		B. DATE OF BIRTH 9. AGE (In years IF L	INDER TYPEAR IF UNDER 24 HRS			
Mora o mar		April 4, 1901   59 yrs	Doys Hoors Milis			
100 USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	2 3		12. CITIZEN OF WHAT COUNTRY			
labor	lumber comapn					
13. FATHER'S NAME	•	14. MOTHER'S MAIDEN NAME				
Charles Lew		Etti I. Tre	cey			
15 WAS DECEASED EVER IN U. S. ARMED FORCESS (Yes, no or unknown) [If yes, give war or dotes of service		_	242			
no	212-24-3013Mr	s. Eleanor Lewis, Caveto	own, Md.			
18. CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).		INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	I PART I, DEATH WAS CAUSED BY: (U + a , 1 ← / ₹./· Z					
DUE TO	DUE TO					
Canditions, if any, which ) (b)	Hypertuse:	forthe work and	1. ye.			
cause (a), stating the under-	gave rise to immediate Couse (a), stating the under DUE TO					
lying couse lost (c)						
PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN	IN PART I(o) 19 WAS AUTOPSY PERFORMED?			
S None			YES NO 🖸			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II of item 18.)				
I = 1	for all	CE OF INJURY (Home, form, 20f. (City or town) tory, street, office bldg., etc.)	(County) (State			
P. m. 19	While Not while to be work of work work	The stage of the s				
21. I certify that (I) (this haspital) a	ttended the deceased fram_	12/1.10 /3/4: ~	1961, that (1) (we) las			
saw the deceased alive an L	less 1963 and that d	eath accurred at M, from the causes and a				
22o. SIGNATURE			/ 22b. DATE SIGNE			
- 701 Cit	A	ALD PHYS DIRECTOR PHYS	120/6/ SIGNE			
22c. PHYSICIAN'S / / NAME (Type)		22d. ADDRESS				
23a BURIAL, CREMATION, 23b, DATE THEREOF	23c NAME OF CEMETERY OF	CREMATORY 23d LOCATION (City, town, or co	ounty) (State)			
REMOVAL (Specify) Durial 3-21-61	0		1.53			
24 FUNERAL DIRECTOR'S SIGNATURE	Cavetown Ce	metery Cavetown 250. RECID BY REGISTRAR 256 REGISTRA	MO AR'S SIGNATURE			
Scott F. Minnich &	Son, Smithsbu	1 1 2 2 2 161   (7 1)	1 S. Frank			

after death. Page 4 the funeral director, and 2 should be O HOSPITAL OF ATTENDING TEXSICENE: The law requires that the death merificate bill executed within 2 in may be read by the hospital or attending physician.

O FUNERAL JRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the Stote Board of Health prior to burial, cremation, ar remaral, and in any event, within 72 hours street death. TO FUNERAL TO HOSPITA VR A1S (4) 1SM 9/59



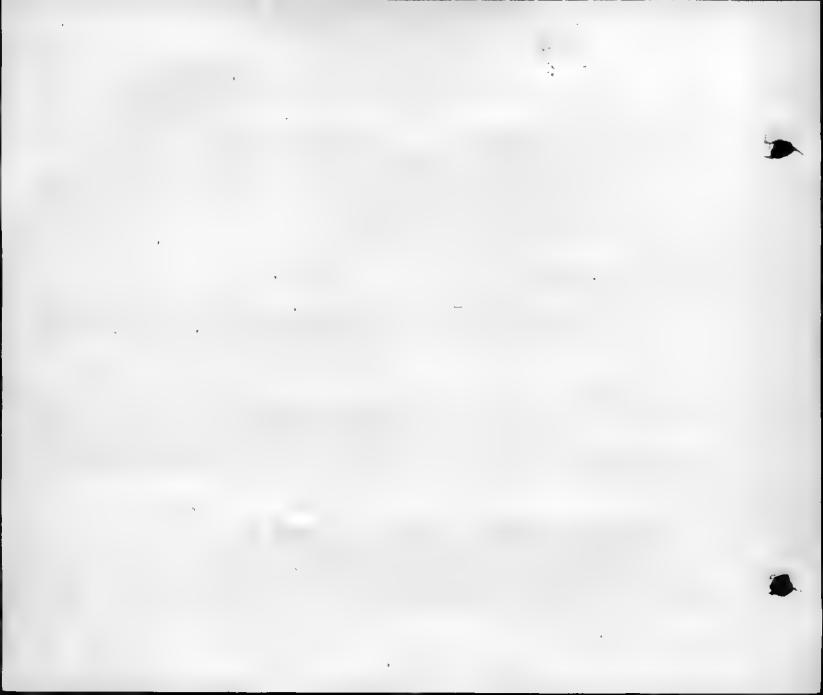
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3633

nagazo

CERTIFICATE C	DEATH	302	(1)	2042
MARYLAND   9 S	TATE	h COUNTY		e admission)
17.15	aryland	Washingto	on	
NGTH OF STAY IN 16 C C	ITY OR TOWN (If outside c	orporate limits, write R	URAL and give near	rest lown)
4 Days	Howerston	מו		
d :	STREET ADDRESS		1	IS RESIDENCE
4.	18 Fremont	St	*	YES   NO [X
Middle LMER LON	OF			Year 19
	OF BIRTH	9 AGE (In years		IF UNDER 24 HR
DIVORCED   May	8 1907	lost birthday) 53 yrs.	Months Days	Hours Min
OF BUSINESS OR INDUSTRY 11	BIRTHPLACE (State or fare)	gn country)	12 CITIZEN OF	WHAT COUNTRY
Ha	gerstown was	sh Co Md	. USA	
		Namee		
L SECURITY NO 17, INFORMA	NT	Adde	1035	
-8034 Mrs R	uth G. Cass	idy 80 D	evonshi:	re Rd
e my	my semo	_	EN IN PART I(a)	WAS AUTOPS PERFORMED? YES NO
Not while factory, stre		(City or town)	(County)	(Stof
	ccurred of A-M, fr	om the causes an		at (I) ( <del>we)</del> la stated abovi
		STAFF PHYS.	Ma	ACC GONE
	, HOUNESS			14
Shley	400	T DUG V 1	Vui.	M.
NAME OF CEMETERY OR CREME	TORY 23d L	DEATION (City, town, or Coarfo		(State)
B 2 /2	TORY 23d L	ar Cearfo	or county)	Co Ma
	MARYLAND  MARYLAND  NGTH OF STAY IN 16  4 Days  Middle  LIMER  LONG  NEVER MARRIES IN B. DATE  DIVORCED IN B. DATE  Hall  14. MI  L SECURITY NO  17. INFORMAL  14. MI  BUTING TO DEATH BUT NOT RES  OCCURRED OF Foctory, street work  OCCURRED OF Foctory, street work  M.D. PH  M.D. PH	MARYLAND  NGTH OF STAY IN 16  4 Days  Haverstor  d STREET ADDRESS  418 Freuont  Middle  Lost  May 8 1907  DE BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or force)  Hagerstown  14. Mother's Malden NAME  Lary E. M.  Lary E. M.  Lose Curity No  17. INFORMANT  Lose Curity No  17. INFORMANT  Middle  Middle  Lost  May 8 1907  DE BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or force)  Hagerstown  Middle  Lost  May 8 1907  DE BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or force)  Hagerstown  Middle  Lost  May 8 1907  DE BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or force)  Hagerstown  Middle  Lost  May 8 1907  DE BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or force)  Hagerstown  Middle  Lost  May 8 1907  DE BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or force)  Hagerstown  Middle  Lost  May 8 1907  DE BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or force)  Hagerstown  Middle  Lost  May 8 1907  DE BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or force)  Hagerstown  Middle  Lost  May 8 1907  DE BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or force)  Hagerstown  Middle  Lost  May 8 1907  DE BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or force)  Hagerstown  Middle  Lost  May 8 1907  DE BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or force)  Hagerstown  Middle  May 8 1907  DE BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or force)  Hagerstown  Middle  Lost  Middle  Middle  Middle  Lost  Middle   MARYLAND    2 USUAL RESIDENCE [Where deceased lived       Institution	MARYLAND  MARYLA	

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

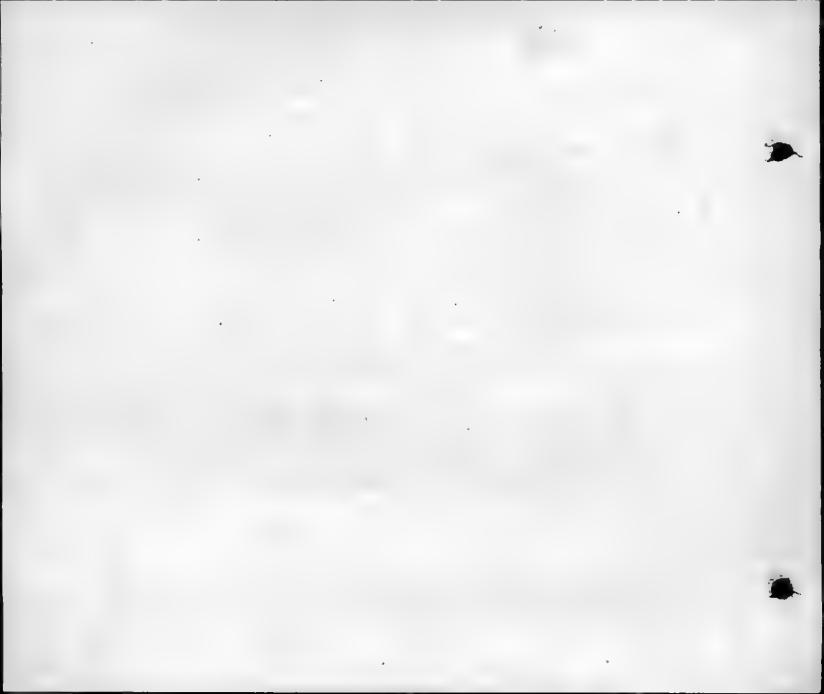
2627 CERTIFICATE OF DEATH 03623

		0004					
		PLACE OF DEATH  . COUNTY	rland	2. USUAL RESIDENCE (	Where deceased lived If institution of Tashing		fore admission)
	k	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	IN 1b		If autside corporate limits, write	RURAL and give no	earest town)
,3		Hagerstown 13 Hrs  NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION		d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
A	יוך	Ten County Hospital		439 Sun	mit Ave		YES NO
	1	NAME OF DECEASED Type or print)  SUE;  CATHERINE		ACLAY	of DEATH March		Doy Yeor
	5 5	6 COLOR OR RACE 7 MARRIED NEVER MARR  NEX 6 COLOR OR RACE 7 MARRIED NEVER MARR  NEX 9 DIVORCE  DIVORCE		ovember 2	9 AGE (n year fost birthday) 6 1873 87 yrs	Manths Days	R IF UNDER 24 HRS Haurs Min
4	10a	/USUAL OCCUPATION (Give kind of work done done done)  during most of working ife, even if retired)  Housewife  Own Hone			ote or foreign country) Franklin Co		USA
ì	13.	FATHER'S NAME	·	14. MOTHER'S MAIDEN			
		Clayton Stake		No Rec	ord		
	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 10 or unknown) 15 yes, give wor or dates of service 203–10–9491		Bessie		muit Av	·e
		18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	100	Haserst	own Md.		TERVAL BETWEEN SET AND DEATH
		Conditions if ony, which gove rise to immediate couse (b), staling the under lying couse ast.	ail	Fire och	east clisea	re.	10-15-
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH 8UT	NOT RELATED TO THE TEL	RMINAL DISEASE CONDITION G		19 WAS AUTOPSY PERFORMED? YES NO
		200. ACCIDENT WAS UNDERLYING [] CONTRIBUTING [] CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	CCURRED	. (Enter noture of injury	en Part I or Port II of item 18.}		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while at work at work	20e. PLA fact	CE OF INJURY (Home, fo ory, street, office bldg ,	orm. 20f. (City or town) etc.)	(County	y) (Stote
		21. I certify that (I) (this hospital) attended the deceased saw the deceased alive an MLL 3 196/, and		Mac I	1961, to Has 3	•	
		Solvand W. DINO III	N		MED. STAFF PHYS		22b, DATE SIGNE
		22c PHYS CIAN 5 NAME (Type)		22d ADDRESS	16 16 A min 16 16		
	230	Burial Specify 3/6/61 Smithsbur			23d. LOCATION (City, town	ush Có	(Stote)
3		FUNERAL DIRECTOR'S SIGNATURE ADDRESS				GISTRAR'S SIGNAT	
		Andrew K. Coffman Hagerstown	Ld.	DATE	MAR 7 '61 C	lithur S. Kro	utd

the funeral director, should be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24th TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24th may be early the haspital or attending physician.

TO FUNER PLANCEMENT After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 hours ofter death. VR A1S (4) 15M 9/59

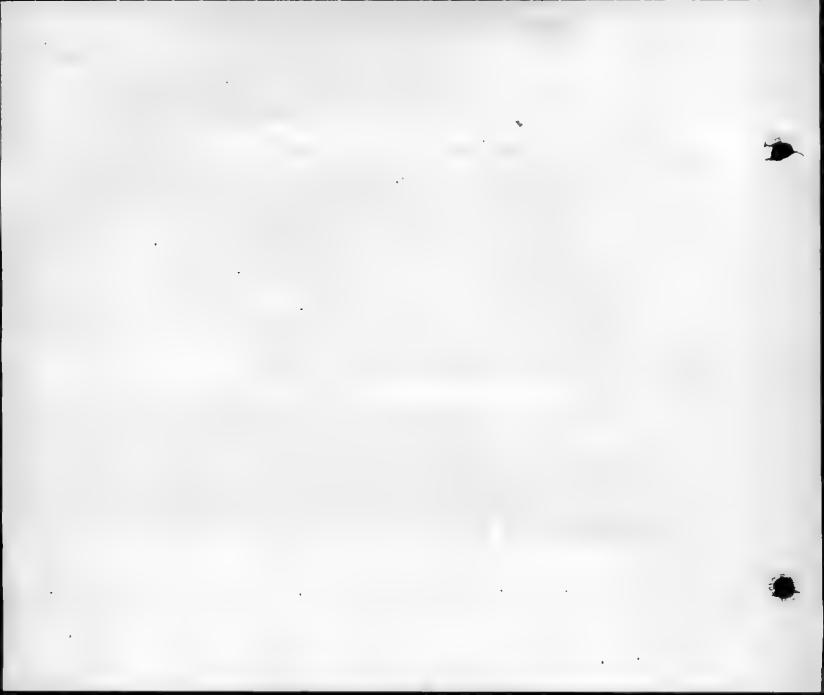
ofter death Page 4



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105PHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to tre death. Page of	be led by the haspital or attending physician.	UNERACEDIRECTOR: After this certificate has been signed by the attending physician and completely filled $\frac{1}{1000}$ / the funeral director	ge 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 a., 2 should be filed wit	
÷	6	_	O	П

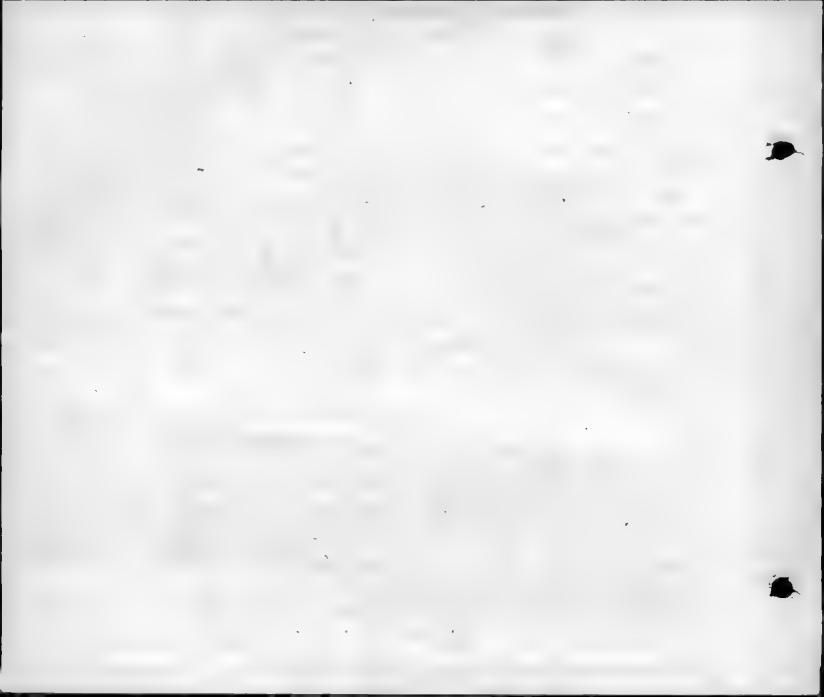
# MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH CERTIFICATE OF DEATH

L		CERTIFICA	IE OF DEATH	03630			
$\sqrt{1}$	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased I ved. If institution: Resi	dence before admission)			
Т	* COUNTY Shington	MARYLAND	laryland Tashington				
7	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL a	nd give nearest town)			
	Hagerstown	2 weeks	/ Funkstown				
4	d. NAME OF HOSPITAL (If not in hospital, give stree		d. STREET ADDRESS	e IS RESIDENCE ON A FARM?			
5	or Hash County Hospi	tal	/ Antietam Village	YES NO T			
3.	NAME OF First	Middle	Lost 4. DATE Month	Day Yeor			
	(Type or print) PEARL	MARIE McC	ARRAHER DEATH March 14	1961 19			
5			B. DATE OF BIRTH 9 AGE (in years IF UN	DER TYEAR IF UNDER 24 HRS			
	Female White WIDOV	VED DIVORCED	Febv 12 1892   lost birthdoy)   Month	hs Days Hours Min			
10	a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if relired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
	Milliner	ten ten un	Hagerstown Wash co Ld.	USA			
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	-			
	Jacob Berger		Jennie Bragunier				
1 15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17, IP	NFORMANT Address				
'	No		Harry J. McCarraher Antie	etam Village			
Г	18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c) ]	Funkstown A.d.	INTERVAL BETWEEN			
	PART I DEATH WAS CAUSED BY: Congletive heart failure on 2 Days						
	1200) DUE TO		1 /2 / 1				
	Conditions, if ony, which ) (b)	recessent	to play during				
	gove rise to immediate Couse (a), stating the under-						
	lying couse lost. (c)						
2	PART II OTHER SIGNIFICANT COND TIONS	CONTRIBUTING O DEATH TUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19 WAS AUTOPSY PERFORMED?			
FICATION	Carcino	a h	end of Ourcreas	YES NO Z			
		A of	D (Enter nature of injury in Part I or Part II of item 18)				
I CERT		None	•				
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d Hour o. m NT 0		ACE OF INJURY (Home, form, 20f (City or town) ctory, street, office bldg., etc.)!	(County) (Stole)			
WEL	p. m. None 19 of we	e Not white to	None -				
	23 1 certify that (1) (this haspital) atten	ded the deceased fram	Dec. 12 , 19 58 to Mar . 14 , 1	9_61, that (I) (we) last			
	saw the deceased alive an Mar	1419_61, and that a	death accurred at AM, from the causes and an	the date stated above.			
	220. SIGNATURE			226 DATE SIGNED			
	Jany / M	M	M.D. ATTENDING MED STAFF PHYS DIRECTOR PHYS	3 <b>-</b> 15-51			
	PHYS. ETAN'S NAME (Type) Dr. John D.	Turco	22d ADDRESS	madarus MA			
L	211 001111 21	20200	302 N. Potomac Street-Hage	rstown, Ma.			
. 23	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY 23d LOCATION (City, town, or coun	ty) (Stote)			
L	Burial   3/16/61		enetery Hagerstown Wash	*			
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REGISTRAR 256, REG STRAR'S				
L	Andrew K. Coffnan Ha	agerstown l	and DATEMAR 17'61 Curilium	S. Frank			



ires that the death certificate be executed within 24 haurs after death. Page 4 and by the attending physician and campletely filled by the funeral director, nemit. Then please to achor have caban papers. Pages 1 and 2 shauld be filed within 22 haurs often death.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reflected by the haspital an attending physician.  TO FUNERA RECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director.  The places a through the detached for use as the burial-transit permit. Then places remove carbon papers. Pages 1 (2) should be filed with the permit of the per
I the death certificate be executed within 24 hours after death. Page 4 the attending physician and campletely filled by the funeral director. Then please remove carbon papers. Pages 1 (2), 2 shauld be filed within 72 hours often death.
n and campletely filled by the funeral director, as an appear. Pages I con 2 should be filed with
24 haurs after death. Page 4 lled y the funeral director, is 1 5,12 should be filed with

	Item	2 Film 3204	4/7/61 iwk	-BALIIMOKE	, 18	
	3636	CERTIFICA	ATÉ OF DEATH	1	Reg. Dist. No	03631
o. COUNTY	hington	HARTONS	2. USUAL RESIDENCE (Who o STATE	ere deceased lived. If inst b. Cour Penna.	itution Residence befor	ore admission)
b. CITY OR TOWN (If outs RURAL and give nearest	con he	c. LENGTH OFISTAY IN 16	Statung	uts de corporate limits, wri	le RURAL and give ne	arest town)
d. NAME OF HOSPITAL (IF OR INSTITUTION	not in hospital, give street	by Horp.	Town Town	eezewood, Ea	st Provid	E IS RESIDENCE ON W FARM? YES NO
3 NAME OF DECEASED (Type or print)	iter	Eugene	mollst	Of _	Month Do	Year 196/
M	WIDOW		8. DATE OF BIRTH	9. AGE (In ye lost birthdo	Months Doys	IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION (G during most of working ki	ive kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN C	SA .
13. FATHER'S NAME	mellott		14. MOTHER'S MAIDEN N	ida Incl	cert .	1
15. WAS DECEASED EVER IN ( (You, no. or unknown) (If yes,	J. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	,	Address	
18. CAUSE OF DEATH [ PART I, DEATH W IMM	Enter only one couse per li AS CAUSED 8Y: EDIATE CAUSE (o)	refor (a), (b), and (c),			INT	ERVAL BETWEEN SET AND DEATH
Conditions, if any, w		structed	both lowe	er moter	0	3 days
gove rise to immed couse (a), stating the unlying couse last.		accinoma	of Fron	tate		e orso.
Z Z Z	irlen so	contributing to DEATH BUT	Out Shated to the TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO DE
200, ACCIDENT WAS UN OR CONTRIBUTING CO	DERLYING (1) 20b. DESI AUSE OF DEATH CAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Port II of item 18.)		
Y 20c. TIME OF INJURY MO Hour o. 11. p. m.		NJURY OCCURRED 20e. PL Not while t of work	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.	20f. (City or town)	(County)	(State)
21. I certify that I	attended the deceas	ed from March	26: 19 6/, to 77	Pu to the court	L, that I last so	aw the deceased
ACTUAL SIGNATURE DE	6 10, 6 rus	is his.	MD - 115 K	ADDRESS (Street, city or to	wa, stote)	DATE SIGNED
PHYSICIAN'S TO S	FPH C.	CRISP MI	), H-	gerstows,	Ind.	
220. BURIAL, CREMATION, 2 REMOVAL (Specify) DUTIAL	3-31-61	Mt. Zion	CREMATORY Luth. Cem.	22d. LOCATION (City, town	• • • • • • • • • • • • • • • • • • • •	(Stote)
23. FUNERAL DIRECTOR'S SIGN		ADDRESS		8Y REGISTRAR 24b. RI	EGISTRAR'S SIGNATU	
SCOTT F. N	linnich & S	on. Hagersto	own, Md DATE	IPR 3 '61	uning 8 to	
				4		



moy be TO HOSP!

VR A1S (4) ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATLE

•		
	CERTIFICATE OF DE	ATH

03632

	a. COUNTY	MARYLAND	o. STATE	b. COUNTY	Kesidence Detore Comission)			
ŀ	b. CITY OR TOWN (If outside corporale limits, write	c. LENGTH OF STAY IN 16	Laryland	washington utside corporate limits, write RUR	Al and give nearest town)			
1	RURAL and give nearest town)			· ·	the one give needed to-my			
ŀ	d. NAME OF HOSPITAL (If not in hospital, give street	23 Yrs	Sharpsbi	TIE	e. IS RESIDENCE			
١	OR INSTITUTION		Lain St		ON A FARM?			
ŀ	Williamsport Sanator		A region on	<del></del>	YES NO			
	3 NAME OF DECEASED (Type or print) FRED	JERONE 110	OORE	4. DATE Month OF DEATH March S	Pay Yeor 1961 19			
V	S. SEX 6 COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS			
1	i.ule widow		Sept 26 187	L 89 yrs	Months Doys Hours Min.			
1	10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY   11. BIRTHPLACE (Stole of	or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY?			
	President Potowac-E	dison Retire		on Knox Co	USA			
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
	Tillian B. Moore			th Fhaharty				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16 [Yes, no, or unknown] [ (If yes, give wor or dates of service)]	SOCIAL SECURITY NO 17, 11	NFORMANT	Åddres	Fla.			
	No 3	20-09-8909A	r Don G. Lo	ore "inderner	re OrangeCo			
ľ	18. CAUSE OF DEATH [Enler only one couse per (		Bex 74	4 1 / 0	INTERVAL BETWEEN			
ı	PART I, DEATH WAS CAUSED BY.	erword	Salar	vycha gu	- 48 km			
	Y DUE TO							
	Conditions, if ony, which )	Conditions, if only, which) well I had Granuselworth. 5%.						
1	gove rise to immediate Couse (a), stating the under-							
1	lying couse lost. (c)							
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?							
	PART II. OTHER SIGNIFICANT CONDITIONS:  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTHEY MEDICAL EXAMINER)				YES NO			
ı	206 ACC-DENT WAS UNDERLYING 206 DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I ar Port II of item 18.)				
1								
1	20c. TIME OF INJURY Month, Doy, Yeor 20d. 1 Hour o. m. 19 of wor	I	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)			
1	p. m 19 of wor	rk at work						
	21 I certify that (I) (this hospital) attery	ded the deceased from	195-5 10	march 9	_, 19.5 /, that (1) (we) last			
1	saw the deceased alive an Marsh	196 and that a	death occurred at	M, fram the causes and	on the date stated above.			
ı	220. SIGNATURE	a she	ATTENDING 1	D STAFE	226. DATE /SIGNED			
1	Walle N. VV	Dear T	M D. PHYS DIE	RECTOR PHYS -	3/11/61.			
	NAME (Type) (14) tox L	1- (200/11)	122d ADDRESS	Who chara	. N1			
	1/17/-1-17	- NEHAJI	1/9U. 3 VIZ	11220479	1 12 14			
	230 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City town or	county) (Stote)			
	Burial   3/12/61 L;	uusoleun Rose	e will Cem	Hagarstown "	"Lan cod			
ı	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 256, REGISTI	RAR'S SIGNATURE			
	Andrew K. Coffman H.	ageratown ad	DATE N	AR 1 4 '61 C	They & France			



## MARYLAND STATE DEPARTMENT OF HEALTH

03653

I IVI L	3538 CERTIFICA	AIE OF DEATH	00000
	PLACE OF DEATH O. COUNTY  Jashington  MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Res o. STATE b. COUNTY Wa	sidence before admission) ashington
	b CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) 5 weeks	c CITY OR TOWN (If outside corporate limits, write RURAL of Hagerstown	ond give nearest town)
3/	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION W. Md. State Hospital	d STREET ADDRESS 876 Virginia Ave.,	e IS RESIDENCE ON A FARM?, YES NO F
-	NAME OF First Middle	Last 4. DATE Month	Day Year
F	(Type of print) WALTER MOCK A. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	The state of state of	3 0 19 6/ NDER 1 YEAR IF UNDER 24 HR
りし	male white widowed □ DIVORCED □	April 2, 1890 70 yrs	
	Outsual Occupation (Give kind of work done during most of working life, even if retired)  retired slsmn Bohman Wa		CITIZEN OF WHAT COUNTR USA
1	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
	Charles L Mullenix	Florence 1 Hoch	
1	Yes no occupantly (16 ms ms detected at some)	informant Address irs. Pearl Mullenix Hagerstown	n, Md.
	18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CAPPO NO MIP  Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying cause lost.  (c)	OF COLON	INTERVAL BETWEEN ONSET AND DEATH
	PART IS OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BE 20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOP PERFORMED? YES NO
		RED. (Enter noture of injury in Port I or Part II of item 18.)	
		PLACE OF INJURY (Home, farm, 20f (City or town) factory, street, office bldg., etc.)	(County) (Sta
	21. I certify that (I) (this hospital) attended the deceosed from saw the deceased alive on $3 - 30 - 1960$ , and that		
1	220 SIGNATURE HISTORIA II Pollagion MD. 220 PHYSICIAN'S		22b. DATE SIGN
	22c PHYSICIAN'S NAME (Type) ANTONIO U. PALLAGROSI	1500 PENNAYLVANIA H	IVE HACEAST
	30 BUR AL CREMATION REMOVAL (Specify) 4-1-61 Rose Hill (	OR CREMATORY 23d, LOCATION (City, town, or cour	
	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 RECID BY REGISTRAR 256 REGISTRAR	
]	red W. Kraiss Hagerstown, Md.	DATE	0 40

TO HOSPIACE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. As after death. Page 4

15M 9/59



AARYLAND STATE DEPARTMENT OF HEALTH

" HIST.

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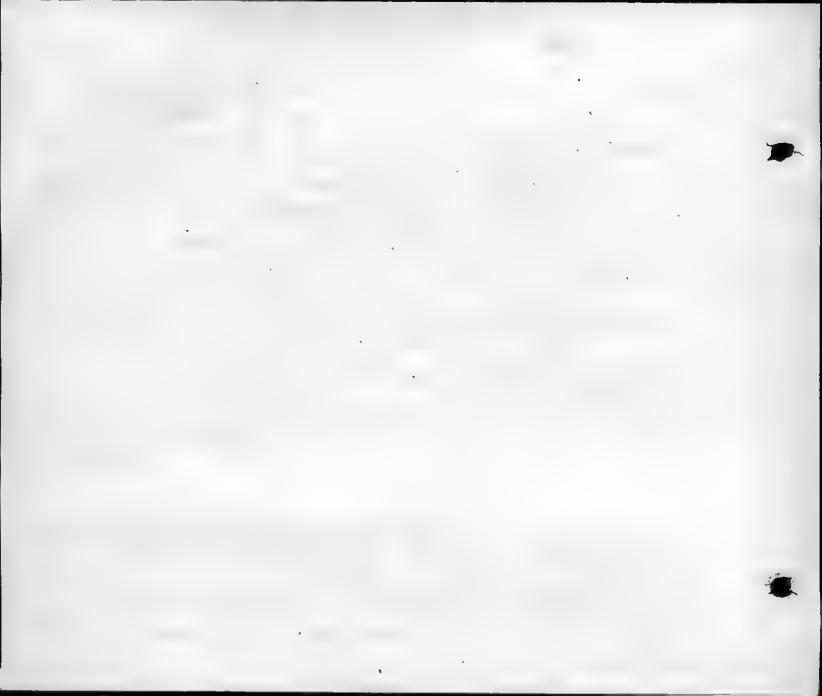
T. . . . .

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 3640 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND the funeral a shauld be fil b CITY OR TOWN IIf outs'de corporate c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) RURAL and give nearest (page) d NAME OF HOSPITAL (If not in hospital, give-street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION YES NO T NAME OF 4. DATE Middle Lost Month Year filled Pages | r death. (Type ar print) DEATH 196 SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) FUNDER TYEAR IF UNDER 24 HRS MARRIED NEVER MARRIED completely after Manths Days Hours DIVORCED [ papers. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? pup 13. FATHER'S NAME G physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17, INFORMANT 16. SOCIAL SECURITY NO. attending please INTERVAL BETWEEN CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ģ Conditions, if any, which been signed k gove rise to immediate DUE TO cause (a), stating the under lying couse lost **burial-transit** PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (State) Doy, Year (County) factory, street, office bldg., etc.) Hour a.m. While Not while After this of work at work 18, 196/, that (1) (we) lost 2) I certify that (I) (this hospital) attended the deceased from 10. Lesson that death occurred at a M. from the couses and on the date stated above sow the deceased olive on W RECTOR: 22a, SIGNATURE 22b DATE SIGNED ATTENDING STAFF PHYS MED.
DIRECTOR e e M.D. 22c PHYSICIAN'S 22d. ADDRESS 3 shauld NAME (Type) 701 C page 3 sh the State I 230 BURIAL CREMAT ON 23h DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) REMOMAL (Specify) o OR'S SIGNATURE 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECT REC'D BY REGISTRAR VR A1S (4) DATEMAR 2 2 16 Trans 15M 9/S9

attending



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH mar. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed 3 o. COUNTY O. STATE MIARY LAND **b.** COUNTY MARYLAND 0 ASH INGTON WASHINGTON 10 3 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) X d. STREET ADDRESS 20011S130120 Ü d NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE **DE INSTITUTION** ර ON A FARM? YES NO IN EFDEIL 36 EAST D NURSING 2 BeverlyFirst 4. DATE OF DEATH Middle Yeor DECEASED 24 death, Pages (Type or print) 19 6/ МАКСН YORNIAN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Q. lost birthday) Months ! WIDOWEDXX DIVORCED | G yrs. 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MARRISON COUNTY WIVA ban 72 h 13 FATHER'S NAME 0 .⊑ g physicic remove c 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 235-12-4694MISS NACMI attending HAGERSTOWN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH ₽ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ine tastasar Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), sloting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES INO TO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d, INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work 21 I certify that (1) (this haspital) attended the deceased fram. 1x Can 192) to Mar H \_, 19.6/\_, that (I) (we) last 19.6. and that death accurred at / M, from the causes and an the date stated above. saw the deceased alive an R ATTEN of by the RECTOR: 220 SIGNATURE 22b, DATE M.D. PHYS SIGNED Pe -DIRECTOR | PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Washington St. West Ditto 111. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL (Specify) GREENLAWN ( ENIETERY MAR-16-1961 CLAIRICS BURG W-VA. Suklat 0 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE OONSBORA VR A15 (4) arthur S. Thous DATMAR 21 '61



VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

3542	CEKTIFICA	IE OF DEATH		036.7
1. PLACE OF DEATH			here deceased lived. If institution	on: Residence before admission)
Tashington	MARYLAND	Larvland	i Washin	orton
b. CIT OR IOWN (It outside corporate limits, write	c. LENGTH OF STAY IN 16		pulside corporate limits, write R	URAL and give nearest fown)
RURAL ond give nearest town) . Hagerstown	14 Hrs	Hage	eratown R	# 3
d. NAME OF HOSPITAL (If not in haspital, give street a OR INSTITUTION	iddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Wash Count: gospital		College Ro	oad	YES NO S
3. NAME OF First DECEASED	Middle	Last	4. DATE Mon	
(Type or print) JEANNETTE HENF	RIETTA RALŞ	TON	DEATH March	3 1961 19
5. SEX 6. COLOR OR RACE 7. MARRI		8. DATE OF BIRTH	9. AGE (in years lost birthday)	Months Days Hours Min
Fenale White WIDOWE		Oct 4 1906	54 yrs	
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	CIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTRY
	ept Store	Baltimore	e gity lad.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
John J. Cook		Anna t	Jnkle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 5 (Yes, no., or unknown) [[If yes, give wor or deales of service]	OCIAL SECURITY NO. 17 16	IFORMANT	Add	ress
No 215-	22-8576 Jo	hn J. Rals	ton Hagerston	wnd. R # 3
18 CAUSE OF DEATH (Enter only one couse per line	e for (a), (b), and (c) ] .	College	Road	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	eleskolic	Camera	-2	a ma
DUE TO O	1	0 1		1 / / /
Conditions, if ony, which ) (b)	y-Cengana	سومرے _	4	1 gr
gave rise to immediate			<del>/</del>	
couse (o), storing the under-				
/ (9	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPS
PART II. OTHER'S GNIFICANT CONDITIONS C				PERFORMED?
200 ACCIDENT WAS UNDERLYING 200 DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part Lor Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH				
		ACE OF INJURY (Hame, form		(County) (Stat
Hour a.m. While at work	Nat while	tary, street, office bldg., etc	1 1 :	,A
21 I certify that (I) (this hospital) attende	ed the despeed from	10-19	1 /2/1/-1/	10 0 / that (I) (wa) to
sow the deceased olive on		7 9	ry.	, 19, that (I) (we) lo
22a. SIGNATURE	ZIV STI and that to	leath occurred at 2	ANI, from the couses on	d on the date stated above
1. 1. 1.	1 John		ED STAFF PHYS	3-3-6/ SIGNE
22c PHYSICIAN'S NAME (Type)		22d ADDRESS		7-3
23a BUR AL, CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town,	or county) (State)
Burial 3/6.61	Rest Haven	Cenetery	Ha_erstown	"ash Go . a
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
Andrew K. Cofinan h	lagerstown M	d. DATE	MAR 7 '61	Onthon & Kraus
	_		4180 m y u	LIMMAN TANKER



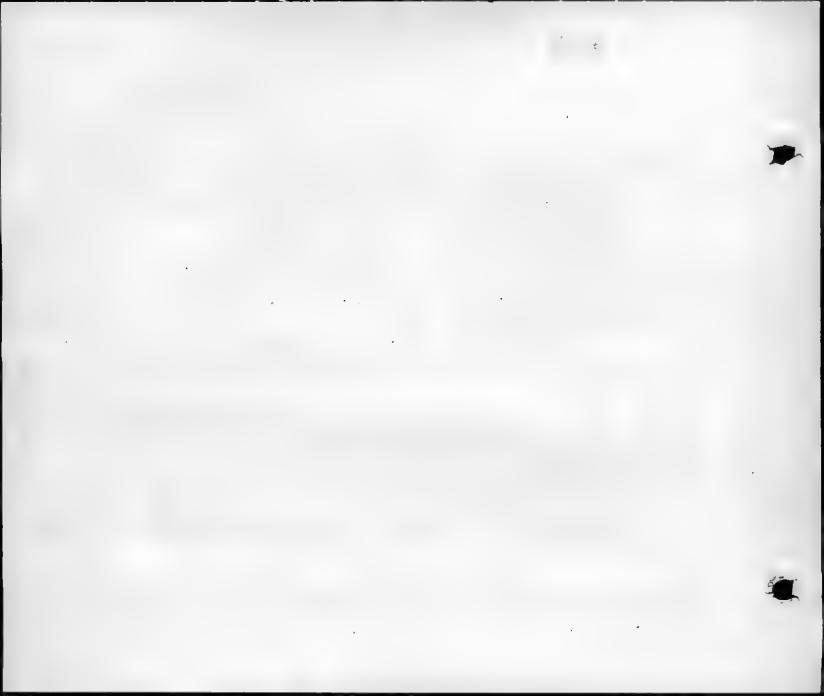
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

020.0

	3643 CERHFICA	ATE OF DEATH
N	1. PLACE OF DEATH  . COUNTY  W. Shington  MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Caryland b. COUNTY Frederick
	b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) WilliamSport 8 yea	9.01 7.77 1
i	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION TOMOWOOD THURCH HOME	d. STREET ADDRESS  ON A FARM YES NO
	3 NAME OF First Middle DECEASED (Type or print) Fucy May	Remsberg 4. DATE Month Day Year BEATH 3 8 161
	s. sex 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	11/19/18/6 9th yrs, Manths Doys Hours Mir
	100. USUAL OCCUPATION (Give kind of work done of the kind of Business OR INI during most of working life, even if retired)  houseleoper own home	laryland U.S.
T)	John H. Remsberg	Nary Elizabeth Lighter
		irs. Noah Ed. Kefauver, Jr., Middleto
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	1 0.1
	Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.  (b)  DUE TO  (c)	io selerosis que yro.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  URL EITHER, NOTIFY MEDICAL EXAMINER	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF IN PART 1(0) 15. WAS AUTOP PERFORMED! YES NO. (RED. (Epid nature of injury in Port I or Port II of Item 18.)
		PLACE OF INJURY (Hame farm. 20f. (City or tawn) (County) (Sh factory, street, affice bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 3 19 1, and that	n. July 1959, to 3/2 , 19 5/ that (1) (we) It death accurred at C.M. from the causes and an the date stated abo
1	22c SIGNATURE  OUIS J  LAS  22c. PHYSICIAN'S NAME (Type)  OUIS C C D  TOTAL	M.D ATTENDINO MED DIRECTOR STAFF 3 226 DATE SIGN 22d. ADDRESS
*	23a. BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY 1UITLE 3/11/1961 Reformed	OR CREMATORY 23d LOCATION (City, town, or county) (Store)  Cemetery Liddletown, 1'd.
"	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cladhill Company, Middletown,	11d. DATE MAR 1 3 '61 Carthur S. Krans

TO HOSPINGLOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to may be need by the haspital ar attending physician.

VR A15 (4) 15M 9/59



VR A15 (4) ISM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3644

03639

1	g. COUNTY					USUAL RESIDENCE (V	/here deceased live		Residence before	e admission)
	87.4	hington		MARY	LAND	o. STATE Marv	land	b. COUNTY	Washin	gton
$\Gamma$	b. CITY OR TOWN (IF	autside carporate limits	write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside carporate i	imits, write RURA	Land give near	est town)
	RURAL and give nee	- 37 -		80 Yrs		X Rural 2	Hancock	a Marvi	and	
上	d, NAME OF HOSPITA	L (If not in haspital, giv	re street odd			d. STREET ADDRESS	11011000	of the oral of the		. IS RESIDENCE
	OR INSTITUTION	77.0			ł					ON A FARM? YES NO W
-	NAME OF	Home					A DATE			
1	NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Month	Doy	1-
,  -	(Type or print)	Jo	reea.	Wesle	-	Robinso			21	19 61
) [°	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		DATE OF BIRTH	9. A		onths Days	Hours Min.
L	M	W	WIDOWED)	DIVORCE		.7.1871		25 8 yrs		
1	00 USUAL OCCUPATION	N (Give kind of work do ng life, even if retired)	ne 10b, KIN	D OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLACE (Stot	e ar foreign country	r)	12 CITIZEN OF	WHAT COUNTRY?
	Labor	ing me, even is remed)		Labor		Bedford	County	Pena	U.S	.A.
Ti	3. FATHER'S NAME					14. MOTHER'S MAIDEN				
	Not	Known				Not K	nown			
1	S. WAS DECEASED EVER		E57 16. SOC	IAL SECURITY NO	. 17, INFC		TOWIL	Address		
	(Yes. no, or unknown) {	f yes, give wor or dates of ser			D.,	anall Dob	inson R	.mel 2	Hanco	ale Ma
F	No.	n. fr.		ne	nu	ssell Rob	TUROU III	Trat 2		
		TH [Enter only one cou	se per line ro	or (0), (b), and (c).	1	. 1 1	16	- 1	ONSI	RVAL BETWEEN ET AND DEATH
	10011.0001	H WAS CAUSED BY: IMMEDIATE CAUSE (a)_			17	elyas	Thu	May	40	10 01 a
	33/X	DUE TO		65	1	· And	201		/	
Т	Conditions, if an			ar	Cly	TO ACK	erod	15		
-1	gave rise to im cause (a), stating t					,				
	lying couse last.	(c).								
	PART II. OTHI	ER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN	IN PART 1(a) 19	WAS AUTOPSY
	PART II. OTHI		1			( .				PERFORMED? YES NO 14-
	200. ACCIDENT WAS	S UNDERLYING [ 2	Ob. DESCRIB	E HOW INJURY O	CCURRED.	Enter nature of injury in	Part I or Part II a	Filem 18 )		
	THER, NOTIFY	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	\							
		Month, Day, Year	1	OCCURRED		E OF INJURY (Hame, fairly, street, affice bldg., e		own}	(County)	(State)
	Hour a, m,	19	While at work	Nat while at work	150.0				1.	
		(I) (this haspital)	attended	the deceased	from	3/20 L	0/ to	2/27	10 6 / sh	at (I) (we) lost
	1		3/57.			913	Per 4 - 1 11 0			1 1 1
	saw the decease	ed dirve an	1-K-1-	_ 17.02. / and	that ded	th accurred at 3	Vivy from the	couses and	on the date	stated above
	17/	Atonto	10 -			ATTENDING	MED. ST	TAFF HYS		SIGNED
	22c. PHYSICIAN'S	11/			М,	22d ADDRESS	DIRECTOR L. P	HA2 []	. /	12.96
	NAME (Type)	_L'M5+	4AF	FER	M	) +17	XXGO.	CIC	NO	
1	230 BURIAL, CREMATION	N. 236 DATE THEREOF	2	3c. NAME OF CEM	ETERY OR	REMATORY	23d. LOCATION	(City, lawn, or c	ounty)	(State) Md.
	REMOVAL Specify	3.30.6		tone Br	ethe	rn Cemete		- '		hington
1	24 SUNERAL DIRECTOR'S			ADDRESS			C'D BY REGISTRAR		AR'S SIGNATUR	ŧ
	How, or,	0 2 21	4N 0	4	/	2 mg DATEP			8. Kraus	
	/ V COUCH	The IT was		. NEOVL	Contract Contract	- TY CK- DATE:			_	

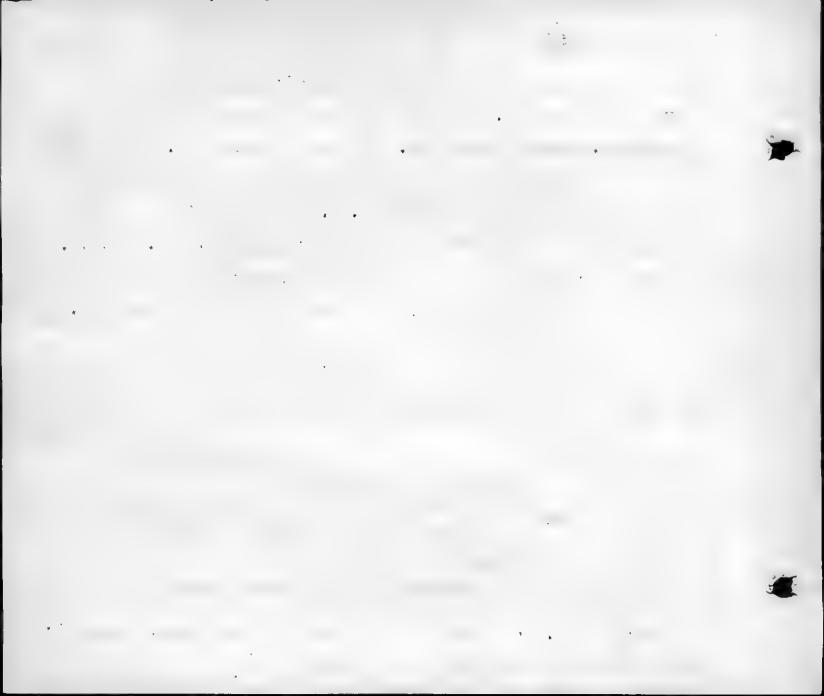


after death. Page 4

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ed by the haspital ar attending physician.	RAK DIRECTOR: After this certificate has been signed by the attending physicion and completely	should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pay	e Board of Health priar to burial, cremation, or removal, and in any event within 72 hours after de
	7	Ö	80
-	2	67	Q1

VR A15 (4) 15M 9/59

L	3045	CERTIFICA	IE OF DEATH		(12001)
1	PLACE OF DEATH o. COUNTY	· <del>-</del> ,	2. USUAL RESIDENCE (Who	ere deceased lived If institution. Resid	ence before admission)
ı	Washington	MARYLAND	Marylar	b. COUNTY	ington
ŀ		GTH OF STAY IN 16		utside carporate limits, write RURAL and	
l	RURAL and give nearest town)			·	-
ļ.,	d. NAME OF HOSTIAL (If not in hospital, give street address OR INSTITUTION	Pays	Rural	lancock Marylan	d
	d. NAME OF HOSPITAL (If not in hospital, give street address)	)	d. STREET ADDRESS	•	e. IS RESIDENCE ON A FARM?
			Promot O I	Innanale Md	YES NOT
	Western Md Cronic Desease 3. NAME OF First	Middle		4. DATE Month	
	DECEASED		Cost Cost	OF 1	Day Year
	(Type or print) NELLIE	A.	ROBINSON	DEATH MAISCH	25 1961
	S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	R 1 YEAR IF UNDER 24 HRS
	WIDOWED T	DIVORCED		(ast birthdoy) Manths	Days Hours Min.
	P		12,22,1877	83 уп.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	ar fareign country) 12 Cl	ITIZEN OF WHAT COUNTRY
		sewife	Machinet	on Country Ma	TT O #
	13. FATHER'S NAME	DONTIO	14. MOTHER'S MAIDEN N	on County Md.	_U.D.B.
	13. PATTER S TAME		14. MOTHER 3 MAIDER 14	AME	
	Tanan A Vountran		Mann C	U7 7	
		SECURITY NO 17 II	NEORMANT MATY C	Address Address	
l	(Yes, no, or unknown) (If yes, give war or dates of service)			5 5 6 11	
Ŀ	No	None Mr	s FRank Edd	Rural 2 Hanco	ck Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (	o), (b), and (c).			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: 1 C 13	JUAR 1	NEUMON.	18	ONSET AND DEATH
	15 5	101111 1	パーレアーレア		- U1293
	15 /X DUE TO				
	Canditions, if any, which ) (b) ABDD	MINAL	CARCINOM	ATOSIS	NOT KIND
	gove rise to immediate DUE TO				
	cause (a), stating the under-	11/2 110 0	F THE PA	MEREAC	4 MONTH
					17, 10, 177,
	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition given in Pi	ART 1(a) 19 WAS AUTOPSY PERFORMED?
	I V				YES NO
l	20g ACCIDENT WAS UNDERLYING 1 20g. DESCRIBE H	LOW INTUING OCCURRE	D. (Enter nature of injury in F	Part Lar Part II of Ham 1R 1	
	OR CONTRIBUTING CAUSE OF DEATH	IOW INJURI OCCURRE	D. (Criter indicate of inforty in t	dir i di i di i oi nem io j	
l	20c. TIME OF INJURY Month, Day, Year 20d. INJURY While Not work   di work   di	OCCURRED 20e PL	ACE OF INJURY (Home, form	, 20f. (City or town)	(Caunty) (State
	Hour a.m. 19 White N		ctary, street, affice bldg., etc.	1	
	p, m.   Iy of work   a	t work		<u> </u>	
l	21 I certify that (1) (this hospital) ottended th	e deceased from	3-23- 10	6/,10 3-25-19	6/ that (1) (-) los
l	2 - 2 5	o decessed from:	130		
	sow the deceased alive on 3-25 - 1	1967 and that	leath accurred at	M, from the couses and on t	
l	220. SIGNATURE			/	22b. DATE SIGNED
	Hutouio M. Pellogro	Nong.	M D PHYS DIE	STAFF PHYS	3-25-61
ı	22c PHYSICIAN'S		22d ADDRESS		
	NAME (Type) ANTONIO M. PI	ALLAGROS	1 15NA PEN	NSYLVANIA AY	E MAGERSTON
ļ	1//		1300 121		
ľ	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c	NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, fawn, or county	(State)
١	REMOVAL (Specify)	ama Dont 3			Md.
ŀ	Burial 3.29.61 St	one Bride	ge Brethern	Rural Hancock 1	Book inches
۱	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'I	D BY REGISTRAR 256, REGISTRAR'S	
1	Housell & demo	Hermon	a mad DATBAAR	2 9 '61 chilms &	. Thatis



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2010

CERTIFICATE OF DEATH

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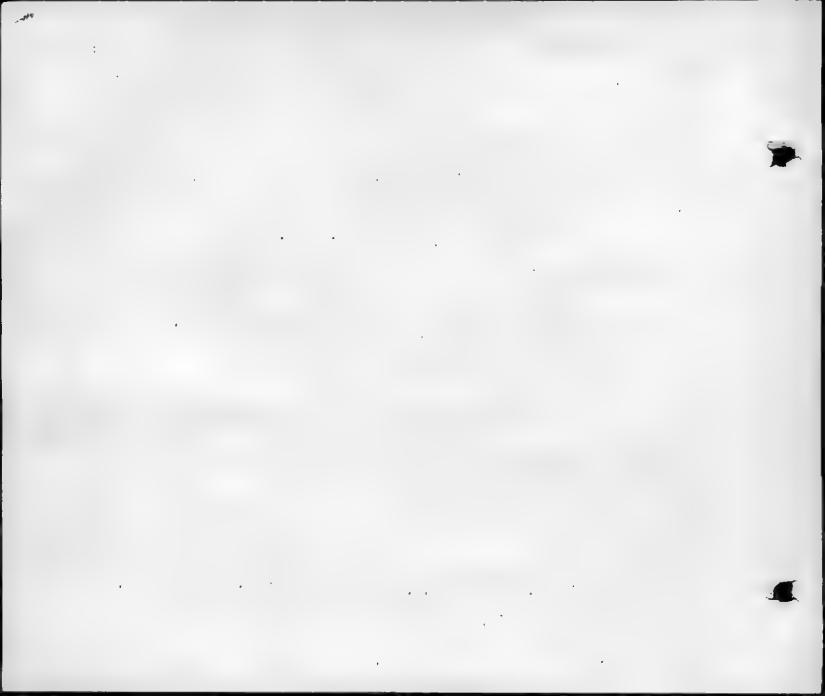
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PLACE OF PEATH   2. USUAL RESIDENCE (Where discounced lived. It institutions. Residence before admission) a STATE COUNTY   2. USUAL RESIDENCE (Where discounced lived. It institutions. Residence before admission) a STATE COUNTY   2. USUAL RESIDENCE (Where discounced lived. It institutions. Residence before admission) a STATE   2. USUAL RESIDENCE (USUAL COUNTY   2. USUAL RESIDENCE   3.	BARTING TON TO BE COUNTY  BARTIAND  B. CY DE TOWN (If conside corporate limits, write LENGTH OF STAY IN 16 1 1 700 kg or a watered town)  B. CALLEY OF TOWN (If conside corporate limits, write LENGTH OF STAY IN 16 1 1 700 kg or a watered town)  B. CALLEY OF TOWN (If conside corporate limits, write RUBAL and give morest to LAND TOWN) (If conside corporate limits, write RUBAL and give morest to LAND TOWN (If conside corporate limits, write RUBAL and give morest to LAND TOWN) (If considerable morest town)  B. CALLEY OF THE WATER AND TOWN (If considerable morest town)  B. CALLEY OF THE WATER AND TOWN (If considerable morest town)  B. CALLEY OF THE WATER AND TOWN (If considerable morest town)  B. CALLEY OF THE WATER AND TOWN (If considerable more)  B. CALLEY OF THE WATER AND TOWN (If considerable more)  B. CALLEY OF THE WATER AND TOWN (If considerable more)  B. CALLEY OF THE WATER AND TOWN (If considerable more)  B. CALLEY OF THE WATER AND TOWN (If considerable more)  B. CALLEY OF THE WATER AND TOWN (If considerable more)  B. CALLEY OF THE WATER AND TOWN (If considerable more)  B. CALLEY OF THE WATER AND TOWN (If considerable more)  B. CALLEY OF THE WATER AND TOWN (If considerable more)  B. CALLEY OF THE WATER AND TOWN (If considerable more)  B. CALLEY OF THE WATER AND TOWN (If considerable more)  B. CALLEY OF THE WATER AND TOWN (If considerable more)  B. CALLEY OF THE WATER AND THE WA	000 000			-0.04h	V
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a STREET ADDRESS  OR INSTITUTION  WE BAN COUNTY HOSPITAL  OR INSTITUTION  WE BAN COUNTY HOSPITAL  ITASKINS  RUBEN  BOTH  OF DECKARD  Type or print)  EVELYN  WASKINS  RUBEN  BOTH  PART   DEATH  WHO DOWN  DIVORCED   Feby 8 1907  SEX  FOULDIE WITHOUT STREET TO BE THANKE INDER 24 HES  FOUNDING ITS, WINDER 19 HOUSE 24 HES  OVEN HOUSE WIFE IN 15 & ARMED FORCES?  A COLUMNION GO WE WIND GO WHAT COUNTRY  WHO WEST  OVEN HOUSE WIFE IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. WAS DECKASED EVER IN 15 & ARMED FORCES?  IS. CAUSE OF DEATH [Enter only one course per line for [a] [b], and (c).]  FART I DEATH WAS CAUSED BY.  IS. CAUSE OF DEATH [Enter only one course per line for [a] [b], and (c).]  FOR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [9]. WAS AUTOSY WERE CONDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [9]. WAS AUTOSY WERE CONDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [9]. WAS AUTOSY WERE CONDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [9]. WAS AUTOSY WERE CONDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [9]. WAS AUTOSY WERE CONDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [9]. WAS AUTOSY WERE CONDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [9]. WAS AUTOSY WERE CONDED TO THE TERMI	AMANE OF HOSPITAL (If not in hospital, give street address)   ASTRET ADDRESS   ASTRETA ADDRESS   ASTRETA ADDRESS   ASTRETA ADDRESS   ASTRETA ADDRESS   ASTRET		le c. LENGTH OF STAY IN	(If outside corporate limits, wri	b. C TY OR TOWN (	
OR INSTITUTION  BY ADAR OF THE PROPERTY OF THE	ON INSTITUTION  "ASK COUNTY Hospital 1133 Halliton Blvd 75  3. Name of Deckard Deckard Deckard Pockard Pockard Deckard	rstown	Haran Ha	1 Week	Own "	Hagerst
NAME OF STATE OUT HOSPITAL Middle RUBEN DATE Month Day Year OPERATED REVELYN WASKINS RUBEN DATE OF BIRTH ACT OF 36 1961 19  5 SEK	DAME OF FIRST MAGNET TO DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF AS 1961  5 SEK FELLIG E COLOR OR RACE TO MARRIENCE NEVER MARRIEN NEVER MARRIEN DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF DEATH LIGHT OF DEATH OF THE MARRIEN THAN MORNING DAY NORTH OF THE MARRIEN THAN LIGHT OF THE MARRIE		d STREET A	reet oddress)	TAL (If not in hospital, give st	d NAME OF HOSPI
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S SEX   6. COLOR OR RACE   7 MARRIED   NEVEL YN   14 SKINS   NOTE   Type or print  EVELYN		las	Middle	First	3. NAME OF	
5 SEK FEIRLE 6. COLOR OR RACE 7 MARRIED NEVER MARRIED   8. DATE OF BIRTH FEIRLE 7 Thite 7 WINDOWS 27 HIS STAFF   11. BIRTHPLACE (Stote or foreign country)   54 yrs   10. USJAN OCCUPATION (G. ve lind of work done 10.6. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)   12. CITIZENO WHAT COUNTRY   13. FIRTHPLACE (Stote or foreign country)   12. CITIZENO WHAT COUNTRY   13. FIRTHPLACE (Stote or foreign country)   12. CITIZENO WHAT COUNTRY   13. FIRTHPLACE (Stote or foreign country)   12. CITIZENO WHAT COUNTRY   13. FIRTHPLACE (Stote or foreign country)   12. CITIZENO WHAT COUNTRY   13. FIRTHPLACE (Stote or foreign country)   12. CITIZENO WHAT COUNTRY   13. FIRTHPLACE (Stote or foreign country)   12. CITIZENO WHAT COUNTRY   13. FIRTHPLACE (Stote or foreign country)   12. CITIZENO WHAT COUNTRY   13. FIRTHPLACE (Stote or foreign country)   12. CITIZENO WHAT COUNTRY   13. FIRTHPLACE (Stote or foreign country)   12. CITIZENO WHAT COUNTRY   13. CITIZENO WHAT COUNTRY   13. CITIZENO WHAT COUNTRY   13. CITIZENO WHAT COUNTRY   14. MOTHER'S MAIDEN NAME  Theresa Feinberg  15. WAS DECEASED BY IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   13. CITIZENO WHAT COUNTRY   14. MOTHER'S MAIDEN NAME  15. WAS DECEASED BY IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   13. CITIZENO WHAT COUNTRY   14. MOTHER'S MAIDEN NAME  15. WAS DECEASED BY IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   13. CITIZENO WHAT COUNTRY   16. SOCIAL SECURITY NO.   17. INFORMANT   14. MOTHER'S MAIDEN NAME  18. CAUSE OF DEATH   16. SOCIAL SECURITY NO.   17. INFORMANT   18. COUNTRY   18.	Sek   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years)   FUNDER   19. AGE (In years)   Fund   19. AGE (In years)   19.	DEATH 3	RUBEN	MASKINS	EVELYN	(Type or print)
Part   Date   Wind to   Worked   Divorced   Febry 8 1907   54 vs   100. USJAL OCCUPATION (G ve kind of work done during most of working life, even if retured)   OWN Home   Date   Dat	Feight   F	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS	8. DATE OF BIRT	ARRIEM NEVER MARRIED	6. COLOR OR RACE 7 N	
Detail   Conditions   Conditi	Due to   Conditions   Course	907 54 yrs Months Days Hours Min.	Feby 8	OWED DIVORCED	mhite wo	Ferale
HOUSEWISE  13. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MADDEN NAME  Theresa Feinberg  15. WAS DECASED EVER IN U. S. ARMED FORCES? (19. None deaths of service)  16. SOCIAL SECURITY NO. 17 INFORMANT  NONE  ABOVE A FON RUDEN 1133 Haliton Blvd  18. CAUSE OF DEATH (Enter only one course per line for (o) (b), and (c).)  PART I DEATH WAS CAUSED BY.  DUE TO  Conditions, i ony which gave rise to immediate course (o), stoling the under: lying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o) 19. WAS AUTOPSY PERFORMED?  YES   NOT    20. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1) of item 18.}  20. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1) of item 18.}  21. I certify; that (1) (this happital) attended the deceased fram.  While work   of work	HOLSEWISE  13. FATHER'S NAME  KRUIFMAN WASKINS  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. WAS DECEASED EVER IN U. S. ARMED FORCES?  17. WAS DECEASED EVER IN U. S. ARMED FORCES?  18. CAUSE OF DEATH (Enter only one course per line for (o) (b), and (c).)  PART I DEATH WAS CAUSED BY.  18. CAUSE OF DEATH (Enter only one course per line for (o) (b), and (c).)  PART I DEATH WAS CAUSED BY.  18. CAUSE OF DEATH (Enter only one course per line for (o) (b), and (c).)  PART I DEATH WAS CAUSED BY.  PART ID DEATH WAS CAUSED BY.  PART ID. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS PRESENTED BY.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS PRESENTED BY.  200. ACCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS PRESENTED BY.  15. DO ACCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS PRESENTED BY.  16. DO ACCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS PRESENTED BY.  17. DO ACCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS PRESENTED BY.  18. CAUSE OF DEATH (I) (I files hospital) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS PRESENTED BY.  19. DO ACCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS PRESENTED BY.  19. DO ACCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS PRESENTED BY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS PRESENTED BY.  20. ELECTRON OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PA	7.	JSTRY 11 BIRTHPL	106. KIND OF BUSINESS OR II	ON (G ve kind of work done	10a. USJAL OCCUPATI
Theresa Feinberg   State   Theresa Feinberg   State	Real from   Waskins   The resa   Feinberg	e City Lad USA	Haltin	Own Home		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or contributions)   16. SOCIAL SECURITY NO.   17 INFORMANT   18. CAUSE OF DEATH {Enter only one cause per line for (o) (b), and (c).}   NONE   Agron Ruben 133 Helliton Blvd   INTERVAL BETWEEN   NOSELAND, DEATH   PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)   IMMEDIATE C	15. WAS DECRASED EVER IN U. S. ARMED FORCES?  NONE ARTON RUDEN 1133 Helliton Blvd  18. CAUSE OF DEATH [Enter only one course per line for (o) [b), and (c).]  18. CAUSE OF DEATH [Enter only one course per line for (o) [b), and (c).]  18. CAUSE OF DEATH [Enter only one course per line for (o) [b), and (c).]  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  JUNE	-N NAME	14. MOTHER'S			13. FATHER'S NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No. or continuous) 16. SOCIAL SECURITY NO. 17 INFORMANT  NO.      17 year, give wor or data of service)   16. SOCIAL SECURITY NO.   17 INFORMANT  NO.      18. CAUSE OF DEATH {Enter only one cause per line for (o) (b), and (c).}    PART I DEATH WAS CAUSED BY:	15. WAS DECRASED EVER IN U. S. ARMED FORCES?  NONE ARTON RUDEN 1133 Helliton Blvd  18. CAUSE OF DEATH [Enter only one course per line for (o) [b), and (c).]  18. CAUSE OF DEATH [Enter only one course per line for (o) [b), and (c).]  18. CAUSE OF DEATH [Enter only one course per line for (o) [b), and (c).]  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  JUNE	sa Feinberg	Th		man "askins	Keulf
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Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19. WAS AUTOPSY PERFORMED?	Part II. Other Significant Conditions Contributing to Death But not related to The Terminal Disease Condition Given in Part 1 (o) 19. WAPER YES      200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)     200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)     200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)     200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)     200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)     200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)     200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)     200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)     200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)     200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II or	1 Lun	A	~A '	immediate Dus TO	
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21. I certify; that (I) (this haspital) attended the deceased fram	21. I certify that (I) (this haspital) attended the deceased fram. [124] 7. 19 6 to Muschello 199, that (I) sow the accessed give or with 10 190, and that death accurred at 121 M, from the causes and an the date state 22a S MAJRE    22a PHYSICIAN'S	etc.)	octory, street, office	hile Not while	10	
saw the accessed arive on which to 1961, and that death accurred at J.J.M., from the causes and an the date stated above  22a S MAJURE  ATTENDING  DIRECTOR   STAFF  PHYS   3/2 SIGNA  22c PHYSICIAN'S   22d. ADDRESS   150 III   Linguis most on St.	sow the Accessed and option 196, and that death accurred at JJM, from the causes and an the date state  220 S SNAJRE  220 S SNAJRE  M.D ATTENDING DIRECTOR STAFF DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS STAFF SIGNATURE  221 ATTENDING PHYS DIRECTOR STAFF SIGNATURE  ATTENDING PHYS DIR	20 Mar Murch 9h 261 days	131.0		-	
22c Physician's  ATTENDING MED STAFF  27c. ADDRESS  27c. ADDRESS  372 II Washington St	220 S SMAJRE  PHYS.  DIRECTOR D STAFF D STAFF D STAF	0 /)				
ATTENDING MED STAFF 3/2-SIGNAL PHYS. 22c PHYSICIAN'S 12d. ADDRESS 3 CO II Washington St	ATTENDING DIRECTOR STAFF 20 DIRECTOR STAFF 220 DIRECTOR D		death accurre	in and th	ised drive on	
22c PAYSICIAN'S 22d. ADDRESS 3 CO II Washington St	22c PAYSICIAN'S Philip J. Hirshman, M.D.  22d. ADDRESS 23d. ADDRESS 23		M D PHYS	and	W Kullery	Mus
NAME (Type A CD) and a second	230 BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (S BUT18] 3/38/61 B Na1 Abraham Cemetery Plagerstown Wash Co ind 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE				7/4/	
I III LLD J. HITSHIRH PI.D.	230 BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (S BURIAL (Specify) 3/38/61 B Nal Abraham Cemetery Flagerstown Wash Co and 24. Funeral Director's SIGNATURE 256 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE			rshman, M.D.	Philip J. Hi	NAME (Type)
	Burial 3/38/61 B Nai Abraham Cenetery Hagerstown Wash Co ind 24. Funeral Director's Signature Address 256 REC'D By REGISTRAR 256 REGISTRAR'S SIGNATURE		OR CREMATORY	23c, NAME OF CEMETE	ON, 23b DATE THEREOF	23a BURIAL CREMATIO
I REMOVAL (Specify)	24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE	T-			3/38/61	REMOVAL (Specify
	- 1 V O 30		m oame t		R'S SIGNATURE	
7-3-1-1 V 0 30 TI	Andrew K. Coffman Hagerstown .d. DATE MAR 29'61 Outling & Krone	MAR 2 9 '61 Orthon & Krous	. •	Hagerstown .	K. Coffman !	Andrew

o, the funeral director, and 2 should be filed with rs after death Page 4 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours and by the haspital ar attending physician. may be that by the haspital or attending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers Pages 1 the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death

TO FUNER TO HOSPI VR A15 (4) 15M 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY Page **b.** COUNTY Washington MARYLAND Washington b. CIY OR TOWN (if puts de corporete limits, .c. CITY OR TOWN (If outs de corporele limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 ral director. write RURAL and give neerest town) 25yrs Hagerstown, Maryland. Hagerstown, Maryland 25yrs
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g vo street eddress) Pol d. STREET ADDRESS e. IS RESIDENCE ON A FARM? be retained the the State B Fenntain mead rd. YES TO NO T 1715 NAME OF 4. DATE Month Dev DECEASED OF (Type or print) DEATH Marire Kuss with 6. COLOR OR RACE 7, MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS 1, 2, a man 2 m 2 hours a last birthdey) [ Months Days Hours WIDOWED [ D VORCED Female 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in them 18, Give Pages 1, 2 Office along with form PM3. Page done during most of working life, even if retired) Washington, Domestic
13. FATHER 5 NAME UBA. File pages 14. MOTHER'S MAIDEN NAME Beatrice weathers Banks James 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, so, or unkown) | (Ifyesgivewerordelesofservice) MEDICAL EXAMONER: one continued in pencil in them use the certificate, writing the word "pending" in pencil in them use forwarded to the Chief Medical Examiner's Office along with at DIRECTOR: Page 3 should be used as a burial-trensit permits. 52-05-86996 Mrs. Beatrice Fark Place 18. CAUSE OF DEATH [finier only one cause per line for (e), (b), end (c).] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Meningococcemia IMMEDIATE CAUSE (a) Aspiration of vomitus DUE TO Conditions, if any, which Pulmonary congestion and edema gave rise to immediate cause Cerebral congestion and edema DUE TO (a), stating the underlying cremetion, or PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8: 19, WAS AUTOPSY PERFORMED? NO 20%. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of 'n ury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED . 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Year (County) (State) fectory, street, office bldg., etc.) Not While should be forwarded to the FUNERAL DIRECTOR: Pairs designated agent, prior \* at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER [X] **EXAMINER'S** .. Di +-NAME (Type) Address (Street, city, lown, or county) 228. BURIAL, CREMATION 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C'ty, town, or country) REMOVAL (Specify) <u>5</u>40 ò Hagerstown Maryland 245 REC'D BY REGISTRAR 1 24b. REGISTRAR'S S GNATURE DATE MAR 2 0 '61 Cirthur S. Frans 5M 7/59

Item 18 Film 287 5-22 MARYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	3648 CERTIFICATE OF DEATH											1)	36.	2			
\		COUNTY Was	shingto	on		N	IARYLAND	2, <b>USU</b> , a. S1	AL RESIDE	yla	nd	ed lived b	If institute COUNTY	Was	nce befor	ton	lioń}
)	t	b. CITY OR TOWN RURAL and give t Hager	egrest tawn)	rate limits,	write	c LENGTH OF S	ears	, c C			rsto		nits, write R	URAL and	give nearest town)		
	4	d. NAME OF HOSPI OR INSTITUTION 823	Spruce			eat oddress)			d. STREET ADDRESS 823 Spruce St.					e. IS RESIDENCE ON A FARM? YES NO			
		NAME OF DECEASED (Type or print)	Mary	Ama	anda	da Ruth			Last		4. DATE OF DEATI		March		26		Year 19 61
	_	Female	White	e v	VIDOWI		RCED _	B. DATE (	1. 31		.890_	last 7	E (in years birthday) 1 yrs	Months	Doys	Haurs	R 24 HRS Min
-		House W	ON (Give kind tking life, even i If O	of work do if retired)		KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slob) or for Wn Home Mercersbur  14. MOTHER'S MAIDEN NAME			urg		Penn		rizen of	WHAT	OUNTRY?		
)	13.	FATHER'S NAME Wi	11iam	F. B	ail	еу			Ida		Mc (	Curd					
		WAS DECEASED EV s. no or unknown) NO	ER IN U. S. ARM (If yet, give wor o			social security		NFORMAN		Don	nenio	i	Hage		wn,	7,7	1.
		18. CAUSE OF DE PART I. DE	ATH [Enter and ATH WAS CAUS IMMEDIATE (	ED BY:		line for (a), (b), and		Le ,	hal	mai	ale		an U	2_		RVAL 8E ET AND	
		Canditians, if gave rise to cause (a), stating	immediate ( the <u>under-</u>	DUE TO	ð	ulma	ر ۳	hy	pers	Leu	ac Kr	4			3	_ J	Ju
	CERTIFICATION	Part 1: 01		NT CONDI		CONTRIBUTING TO					INAL DISEA			'EN IN PA	RT 1(a) 1	PERFC	ALTOPSY PRMED7 NO 4
		200 ACCIDENT WOR CONTRIBUTING	AS UNDERLYING CAUSE OF Y MEDICAL EXA	G   2 DEATH MINER)	Ob. DES	CRIBE HOW INJU	RY OCCURRE	D. (Enter	nature af i	nįury in	Part I or P	art 11 af i	item 18.)				
	MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	RY Manth, C	Day, Year 19	20d. If While at war		20e. Pi fo	ACE OF 1 ctory, stre	VJURY (Ha at, affice b	me, form Idg., etc	, 20f. (C	ity or tov	vn)		(County)		(State)
		21. I <b>certify</b> th								13	M, fran						we) last Labave
		22a STGHATURE	nd h	ا . ر	01	Houth		M.D PH	TENDING YS		RECTOR [	STA	AFF YS 🗌			22	DATE SIGNED
		Ldward		tto	111	, M, D,			217 V	_			gton				
-	230	BURIAL, CREMATI REMOVAL (Specify Burial	ON. 236 DATE	9-61		23c NAME OF Rose	CEMETERY O			ry	23d LOC	-	city, tawn,	* '		(Sta	(e)
		FUNERAL DIRECTO		ch &	So	address n Hage	rsto	vn,	A.		D BY REGI		25b REGI	STRAR'S S Irilun			

VR A1II (4) 15M 9/59

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	9043	CERTIFICA	IE OF DEATH		(LDD E E
	PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (Where	deceased Lived. If institutions R	esidence before admission)
À	Washington	MARYLAND	o. STALE Maryland	b. COUNTY	Washington
_	b CITY OR FOWN (If outside corporate timits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16		ide corporate limits, write RURAL	ond give necrest town)
	Hagerstown	Life	Hagers	town	
	d. NAME OF HOSPITAL (If not in hospital, give street of OR NSTITUTION County Hosp		d. STREET ADDRESS Was	hington St.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First	Midd <sup>1</sup> e	· · · · · · · · · · · · · · · · ·	. DATE Month	Doy Year
	(Type or print) La Rue Ma	arie St.	John	DEATH March	4 19 61
1	5 SEX 6. COLOR OR RACE 7 MARRI	IED NEVER MARRIED 🖪	B. DATE OF BIRTH	4 1 1 1 1 1 1 1 1	INDER I YEAR IF UNDER 24 HRS.
1	Female White WIDOWE		May 9, 1925	35 yrs	
	10a USUAL OCCUPATION (Give kind af work done 10b.) during most of warking life, even if retired)			2.5	2 CITIZEN OF WHAT COUNTRY?
	<u></u>	ty Pool	Hagersto		
	13. FATHER'S NAME	-	14. MOTHER'S MAIDEN NAM		_
	John J. St. John 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. S		NEORMANT	rgie Davi	S
	(Yes, no, or unknown)   (If yes, give war or dates of service)		liss Mildred		onstakin Md
	18. CAUSE OF DEATH [Enter only one cause per lin		ilss mildred	A A	
	PART I DEATH WAS CAUSED BY:	e idi (d), (d), ond (c),	2005 l. 15- la	el Parisala	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)		according - No	The state of	
	Care	alual ant	This och sand		2 22004
	gave rise to immediate	1 4	1/1/4	•	
	lying couse last.	iabeter m	ellitus		20+years
	PAIR II OTHER SIGNIFICANT COND TIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN I	N PART 1(a) 19, WAS AUTOPSY PERFORMED?
	3 arterioschrotic	heart du	earl		YES NO TO
	PAINT II OTHER SIGNIFICANT COND TIONS CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port	(Lor Port II of item 18)	
			ACE OF INJURY (Hame, form,	20f. (City ar tawn)	(County) (State)
	Haur o.m. While of work	Nat while	clary, street, office bldg., etc.)		
	21 I certify that (I) (this haspital) attended	ed the deceased fram	May 1960	o to Mar 4	19.6.1, that (I) (we) lost
	sow the deceased alive on Mon	A B			in the date stated obove.
	22a. SIGNALURE				22b. DATE SIGNED
	John C. Stanffer		M.D PHYS DIREC	TOR PHYS.	
	22c HYSICIAN'S NAME (Type)		22d. ADDRESS		
	230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	DE CEEMATORY 122	d. LOCATION (City, town, or co	iunty) (Stole)
	Burial 3-7-61		n Cemetery	agerstow	24
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	-		R'S SIGNATURE
	Scott F. Minnich & Son	n hagerstow	55.5	O OI	-1 21, . V

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to be after death. Page 4 may be 1. The top the haspital or attending physician.

TO FUNERAL DIRECTOR: After this mertificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in all yevent, within 72 haurs after death. VR A1S (4) 15M II/SP

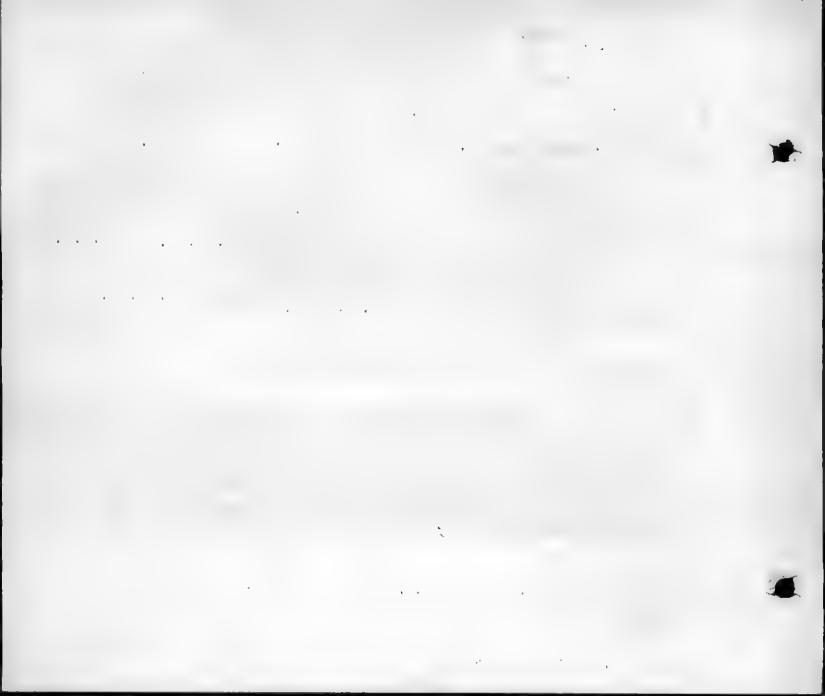


s after deoth. Page 4

TO HOSPITE

VR A15 (4) 15M 9/59

o. COUNTY	Washing ton	MARYLAND	D. STATE	b. COUN	UTY	neton
RURAL ond give	(If outside corporate I mits, write	LENGTH OF STAY IN 16	Hagerst	tside corporate limits, writ		
- 0	ITAL (If not in haspital, give street	address)	d. STREET ADDRESS	ashing ton	St.	e. IS RESIDENCE ON A FARM? YES NO \$
3. NAME OF DECEASED (Type or print)	Virginia Be	Midd'e 11 Schlotte		4. DATE OF DEATH Marg		Yeor 1961
Female	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  June 27,187	9 AGE (In yellost birthdo		AR IF UNDER 24 HRS Hours Min
House.	TON (G ve kind of work dane 10b. orking life, even if retired) TITE	Own Home	Hagerstown	Wash.Co. L	1	S. A.
13 FATHER'S NAME	seph Kneisle	7	Adeline			
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 1	VEORMANT	stown was	h. Jo. LD.	. Ave
	EATH [Enter only one couse per li EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(expensely)	. / 1		HN	TERVAL BETWEEN
Conditions, if gave rise to couse (o), stating	ony, which (b)	. Orthodes	is show			<u> </u>
lying couse lost		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION	GIVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED? YES NO PERFORMED?
O THE FITHER, NOTE	VAS UNDERLYING   20b. DES IG   CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort t or Port II of item 18)	1	
ZOC TIME OF INJU	. While	Not while fo	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)		(Count	y) (Stote)
	nat (1) (this haspital) attendased alive for Munch 2			M, from the causes		
220 SGNATURE	Millemon		M.D ATTENDING DIRE	CTOR STAFF		3/28/C
PHYSIC (AN'S NAME (Type)	Philip J. Hi	rshman, M.D.		W. Washingt erstown, Mar		
230 BURIAL, CREMAT REMOVAL (Specif BUITEL	ON, 23b. DATE THEREOF	Rose Hill	Celletery	23d LOCATION (City, town	own AJRY	(Stote)
24. FUNERAL DIRECTO		ADDRESS	25g. REC'D	BY REGISTRAR 256. R	EGISTRAR'S SIGNAT	JRE



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		ICA	ATE OF DEATH					1)	165	6					
	1 PLACE OF DEATH a. COUNTY	Washington			MARY	(LAND	2 USUAL RESID	Md.	nere deceased	l lived. If ins		Residen	ce befar	e admis	V
ŀ	b. CITY OR TOWN (I	f outside corparate lim	its, write	c LEN	GTH OF STAY	IN 1b	c CITY OR T	OWN (If a	utside carpa	rate limits, w	rite RÚR	AL and	give nearest tawn)		
	RURAL and give no High	field		3 M	onths		Ft. Meade					2	7	X	
	d NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital,	give street				d. STREET ADDRESS					6		SIDENCE A FARM?	
		Highfie	ld				1601 Annopolis Rd.						NO [3		
	3. NAME OF DECEASED	Fi			Middle		lost		4. DATE OF		Month		Day		Year
	(Type ar print)	Li	esbet	h	A.		Sedla	ag	DEATH		Mar		28,		1961
	5 SEX	6. COLOR OR RACE	7 MARI	RIED 🔲 i	NEVER MARRI		B DATE OF BIRTH	ı		9 AGE (In y last birthd		JNDER Agniths	Doys	Hours	ER 24 HRS Min.
1	Female	White	WIDOW	- Jan 13	DIVORCE		,,,	08		53_	угь	<u>,</u>			
	10a USUAL OCCUPATION during most of work	ON (Give kind af work ring life, even if retired	dane 10b	KIND O	F BUSINESS C	OR INDUS	STRY 11 BIRTHPU	ACE (State	ar foreign c	ountry)		132. CITI	ZEN OF	WHAT	COUNTRY
	House W	ife						-	ermany	7		1	Gern	nany	
1	13. FATHER'S NAME						14. MOTHER'S								
		Hirsch	oreo la c		AF-1/0/51	1.7 4	Ann:	a Kal	inke		Address				
	15 WAS DECEASED EVE (Yes, no or unknown)	K IN U. S. AKMED FOI (If yes, give war or dates of		SOCIAL	SECURITY NO				0.32				1 Ma		
	no						s. Thadi	us A.	Calli	mer, H.	rgui	TeTo			
		ATH [Enter only one of ATH WAS CAUSED BY:	use per li	ine for (a)	), (b), and (c).	1	al D								DEATH
	1675	IMMEDIATE CAUSE (		dvc	LM BOSS	£4.	7 4	644	<u>گ</u>				2	4	1.00
	103	DUE TO	)				6	v						- 1	
	Canditians, if a	mmediate											-		
	couse (a), stating lying couse last.														
		) ( HER SIGNIFICANT COM		CONTRIB	UTING TO DE	ATH_BUT	NOT RELATED TO	THETERM	INAL DISEAS	E CONDITION	N GIVEN	I IN PAR	T 1(a) 15	, WAS	AJTOPSY ORMED?
	TA I														NO E
	(IF EITHER, NOTIFY	AS UNDERLYING AS	20b. DES	CRIBE HO	OW INJURY O	CCURRE	O (Enter nature at	Finjury in I	Port I ar Par	t II af item 18	}				
		Y Manth, Day, Ye			CCURRED	20e. PL	ACE OF INJURY (H	lame, farm	20f (City	ar tawn)		(0	County)		(Stote)
	Hour a.m.	19	While at war		wark	101	ciary, sireer, arrice	alog., elc	"						
	21 I certify the	ıt (I) (this-hospita	l) attend	ded the	deceased	fram.	Jelu I	12	& L. to_	Har	25.	19.6	1, the	at (I)	(we) last
		sed alive an						, 4	47	the cause					
	220 SIGNATURE	7	1.	/ /	1										B DATE SIGNED
	170	alidi 1.	16	4/4	1 «		M.D PHYS.	D DI	RECTOR [	STAFF PHYS		2.	9 6	lus	6/
	22c. PHYSICIAN'S NAME (Type)	D 1	0	U			22d. ADDRE	SS	10	1		Ì		1	0
Robert A. Kiefer						131	Bololina .	flish	98 -	11/1	-444	weight.	b	14	
	23a BURIAL, CREMATIC REMOVAL (Specify)	N, 236 DATE THERE	OF.	23c N	IAME OF CEM	ETERY O	R CREMATORY		23d LOCA	TION (City, N	own, or	county)		(Što	te)
	Burial	3/31/61			Bethel				Lant				ck C		Md.
	24 FUNERAL DIRECTOR	'S SIGNATURE		A	DDRESS			250. REC*	D BY REGIST	761 256			SNATUR		
	William "	y to see we		12.00	Contractor		6. 4.	DATE	MA NO	31	<u> </u>	/1/C690/]	20, 10	WWW.	

the attending physician and completely filled ... by the funeral director. Then please remove carban papers. Pages 1 and 2 shauld be filed with TO HOSPITY. OR ATTENDING PHYSICIAN: The law requires that the death merificate bill executed within 24 km may be in the death properties or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled "" page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

s after death. Page.

VR A15 (4) 15M P/59



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a COUNTY Washington g. STATE **b.** COUNTY Wash. MARYLAND b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn] Catonsville 14 weeks Hagerstownm d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 5 Sanford Ave. Western Maryland State Hospital YES NO 4. DATE Month Years DECEASED OF DEATH (Type or print) 19b 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH MARRIED NEVER MARRIED fost birthday) 1908 Manths Days white April female WIDOWED [ DIVORCED [7] 196. USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
housewife Hagerstown. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vinona Thum Jacob Frank Reessner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address C. Robert Shank, Catonsville, Md. none no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] ONSET\_AND DEATH PART 1. DEATH WAS CAUSED BY MMEDIATE CAUSE (6) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18) 20c. TIME OF INJURY Manth, 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) O. m While Not while at wark of wark p. m. 21 I certify that (I) (this haspital) attended the deceased fram., 19.00, to .M. that (I) (we) last A.M., from the causes and on the date stated above. saw the deceased alive an M and that death accurred at 22a SIGNATUR -5 D ATTENDING MED

M D PHYS DIRECTOR . PHYS 22c. PHYSIGIAN'S 22d ADDRESS

236. BURIAL, CREMATION, 236 DATE THEREOI 23¢ NAME OF CEMETERY OR CREMATORY Cemetery Rose

23d LOCATION (City, tawn, or coun Hagerstown,

25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

NAME (Type

**ADDRESS** 

Scott F. Minnich & Son, Hagerstown, Md. DATE 6

arthur S. Krous

(State)

0 VR A15 (4) 15M 9/59

FUNERAL 62





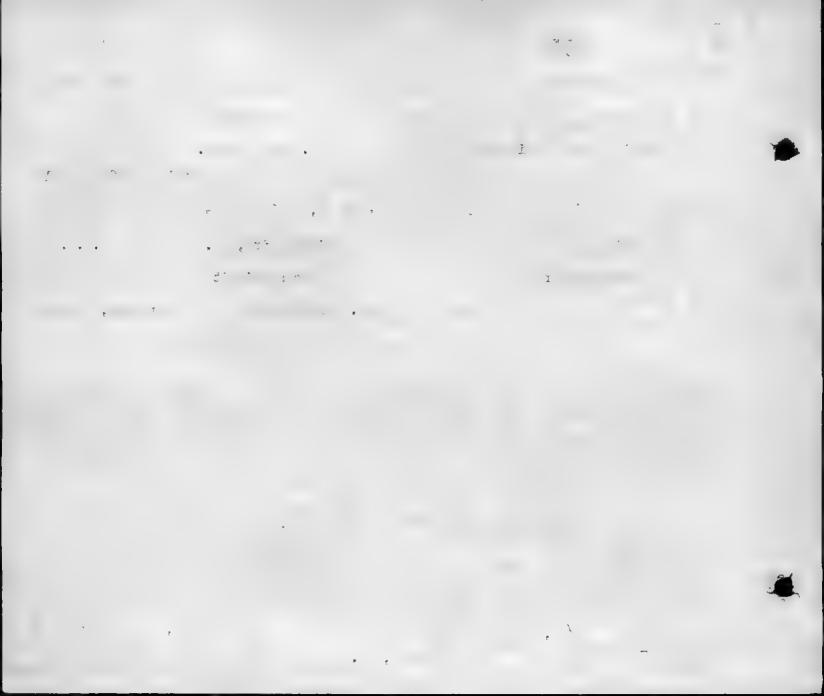
TO HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The death, the second of the hospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

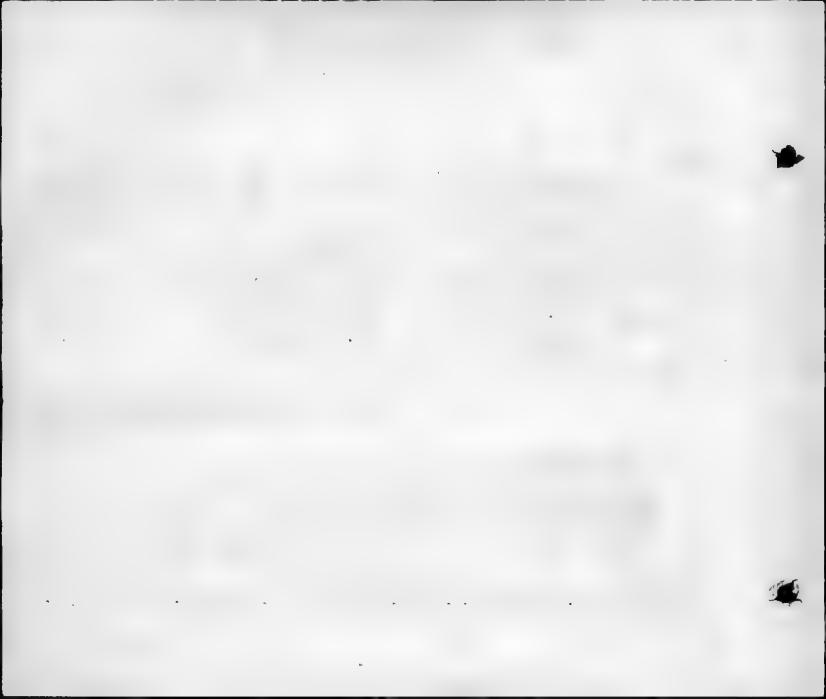
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1 3		
Y	PLACE OF DEATH	2. USUAL RESIDENCE (Whara deceased yed, If institution: Residence before admission)  a. STATE  b. COUNTY
	Washington MARYLAN	14
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN	
	write RURAL and giva nearast town)	No mo waterm
3 8	Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Hagerstown d. street address la. is residence
11		a ON A FARM?
7	Martin Manor Nursing Home	Lincoln Ave.   YES □ NO 😿
	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) SUSAN DELLA	SHRODER DEATH March 26 1961
	5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED	June 13, 1873 last birthday Months Days Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDU	
	dona during most of working life, even if retired)	
-	Housewife	Shippensbirg, Pa. U.S.A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Edward Keefer	Frances Shillite
	S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 1	7. INFORMANT Address
	(Yas, no, or unkown) [lifyesgive war or dates of service]	Mrs. Virginia Cook Hagerstown, Maryland
	18. CAUSE OF DEATH [Enter only one cause per line for (a., (b), and (c) ].	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	LOANCHADADIAN MILATAN W ONSET AND DEATH
	IMMEDIATE CAUSE (a) CON WIND.	- A M. A -
	9200 DUE TO Facility	
-1	Conditions, if any, which (b)	A -
	gave rise to immediate cause DUE TO RAME TO THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE T	
	causa last. (c) Choncho Priumi	My / Clay
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  CAUSE OF DEATH OF CAUSE OF DEATH OF CHIEFE, NOTIFY MEDICAL EXAMINER	PER ORMEDA YES NO DE
	208. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCU	JRED. (Enter natura of injury in Part I or Part II of Iem IB.)
	OR CONTRIBUTING CAUSE OF DEATH	WED: [Edital grants of miles) tit cast on sail it or land to.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. Hour a.m.  D.m. 19 st work at work	PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.]
	p.m. 19 st work at work	
	21. 1 certify that (I) (this hospital) attended the deceased from	om. 444 5 3, 19 , to 26 Mar, 19 6/that (1) (eve) las
	\$ 1.04	that death occured at 4 that from the causes and on the date stated above
	22a. SIGNATURE TO	22b. DATE
	At the Sun ha	ATTENDING MED, STAFF TO THE STAFF
	22c. PHYSICIAN'S	22d ADDRESS OF
	NAME (Type) F F L USBU	nonAATIMA
		- 23/71 VI W/M
	REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETI	
	Burial 3/29, 1961   Rose Hill	Cemetery Hagerstown, Maryland
	ADDRESS HOME	25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	R. Jankli none Hage rstown	Md. DATE WAS 3 61 Century & Known



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
) عدد	M	3654 CERTIFICATE OF DEATH  Reg. Dist. No. (1364.)
director filed with	IVI	1. PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY  b. COUNTY  b. COUNTY
runeral Id be f		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the	X	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Route # 2    Cute 2    Cute 2    Cute 2
lled and and		3. NAME OF DECEASED (Type or print) Clara Catherine Skley DEATH March 16 1961
letely fi		5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Institute   Institut
adeath.		100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Guring most of working life, even if retired)  Own Home  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  LIGHT OF WHAT COUNTRY?
p 5 % 1	(1)	13. FATHER'S MAIDEN NAME
physician remove car 2 havrs offi		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT John Henry Sister Address  None  None
ending ending ease thin 7		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).)
en ple		PART 1. DEATH WAS CAUSED BY: Ore bra / Lemorrhage ONSET AND DEATH
The ever		3.31 X DUE TO
ed by a second		Conditions, if any, which gave rise to immediate
die sign		cause (a), stating the <u>under-</u> lying cause last.  (c)
ow raicio been frans		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ph) has rial-	rofe:	3 Hooled Fuldmaksis Bronchiscousis of left lung. PERFORMED? YES NO ID
tending ificate the bu	C	20a. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED (Enter notive of injury in Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
of or of his cert use as		20c. TIME OF INJURY Month, Day, Year Not while of work of twork of two p. m. 19 20d. INJURY OCCURRED While Not while of work of two p. m. 19 20d. INJURY OCCURRED While Not while of work of two p. m. 19 20d. INJURY (Home, farm, farm, factory, street, office bldg., etc.)
Spite fer t d far		21. I certify that attended the accessed from fully 1950, ta full 1961, that I last saw the deceased
R: A be be be be be be be be be be be be be		alive on
ed by 1 RECTO Be del		ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE M.D
ro b d	i	NAME (Type) Alice N. Curringham M.D. % Dr. Max Burkit 28 W. Potomac St. Williamsport, Md.
NER S 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	II.	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Poge The re	, , , , , , , , , , , , , , , , , , ,	Burial 3/19/61 Rest Haven Cemetery Hagerstown Maryland
VS A15 (4) 15M 9/55	It.	Rest Haven Funeral Chapel Hagerstown, Md. 240. REC'D BY REGISTRAR'S SIGNATURE  NOTE MAR 2 0 '61  ADDRESS  DATE MAR 2 0 '61
15M 9/55		La Die Con Alexandra de la Contra de la Cont



oo. St.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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PLACE OF DEATH

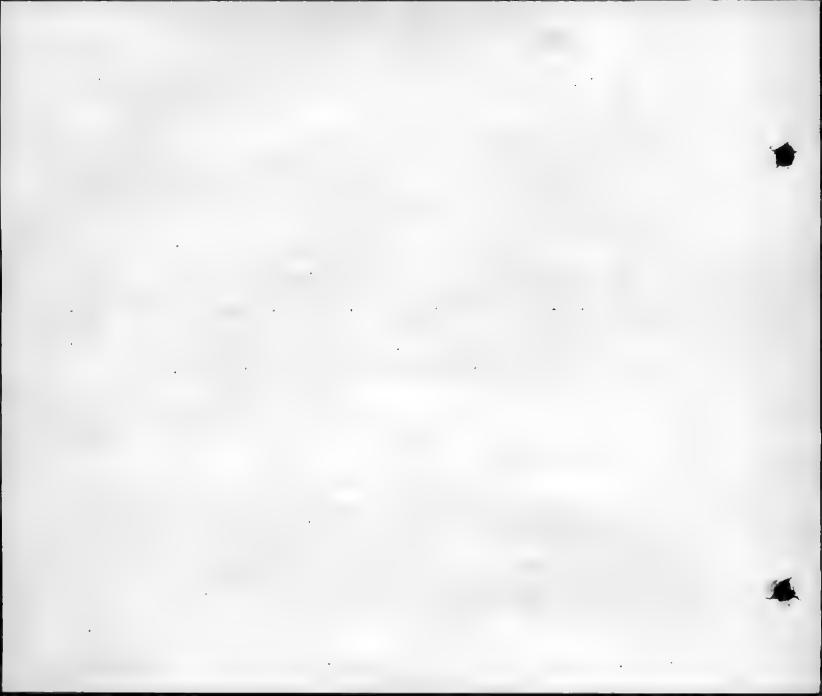
in by the funeral director, and 2 shauld be filed with Pages 1

s after death Page 4

and campletely filled event, within 72 hours after death. papers. the attending physician and Then please remave carbon 

OR ATTEMBING PRYMICIAM: The law requies that the death certificate be executed within 20 TO HOSP VR A15 (4) 15M 9/59

М	o. COUNTY		o. STATE b COUNTY						
Л	Washington	MARYLAND	Maryl.		shington				
	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or						
H	Hagerstown	1 hour	Cav	etown					
ı	d. NAME OF HOSP TAL (If not in haspital, give stre		d. STREET ADDRESS			e IS RESIDENCE			
	Washington County Ho:	spita1	<i>!</i>			YES NO.			
4	3. NAME OF DECEASED GOOD First	Middle	Lost	4. DATE OF N.	Month	Day Year			
- [	(Type or print) George	Omer Sm	ith	DEATH ME	arch 1	19 6			
اـً	5-SEX   16. COLOR OR RACE   7. MA	RRIED A NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I		AR IF UNDER 24 HR			
Ų	Male White		Santamban F	190 lost bir		rs Hours Min			
1	WIDO				5 yrs.	OF HELD COUNTRY			
J	100 USUAL OCCUPATION (Give kind of work done 10 during most of warking life, even if retired)		SIRT II. BIRIHPLACE (Stole	or toreign country)	12.CITIZEN	OF WHAT COUNTRY			
-	Janitor	Public School	Smiths	burg, c	1.				
Î	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	The state of the s					
	Luther Smith		Beadie	Miller					
ı		6 SOCIAL SECURITY NO 17, II	NFORMANT		Address				
	(Yes, no or unknown, (If yes, give wor or dates of service)	22 10 2520 1	West- D	Smitht (	3A	37.4			
			rs. Nada B.	Smith (	Cavetown	Md.			
	18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]	Lancos Land			NTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	EKERDAAN H	SMOTTHHA18			of homs			
	+ 4 3 X DUE TO /	1 4	0. , 1	, ,		1 11			
	Conditions, if any, which )	4 MER /4 USIVE	-ARDIO-VASCI	WAR AISO	EASF	UNICNEWIN			
	gove rise to immediate	1		Nive.	, , , , , , , , , , , , , , , , , , , ,	-/ 4			
	lying couse lost.	V							
ı	, (*)	CO. (2016) 20 10 20 554311 617		LIAL DISTANCE CONTRACT	CONTRACTOR OF THE STATE OF THE	NIS WAS ALTORS			
	PART II. OTHER SIGNIFICANT CONDITION  HOW STRICE!	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDIT	ION GIVEN IN PART 1(0	PERFORMED?			
	3 14702121881	11/1/11/11/11	10115			YES NO			
	200. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Port I or Part It of item	1B.)				
	UIF EITHER, NOTIFY MEDICAL EXAMINER								
	3 20c TIME OF INJURY Month, Doy, Year 20d		ACE OF INJURY (Home, form,		(Cour	nty) (Stote			
	20c TIME OF INJURY Month, Doy, Year 20d Hour a m p. m. 19 at w		ctory, street, office bldg., etc.	)					
ŀ	≥ p.m. 17 gr v	Olk   di #Olk	March	1 /20	1 1				
-	21. I certify that (I) (this hospital) atte	nded the deceased fram	Praire [ 196	al , 10 MATE	1961,	that (i) (we) las			
	saw the deceased alive an MAKEN	1964 and that a	death accurred at 2.20	M, fram the cau	ses and an the de	ate stated above			
1	220 SIGNATURE			+		22b DATE			
	1 8. K. Fronkyam		M D PHYS DI	ED. STAFF		3-1-6 SIGNE			
	22c PHYSICIAN'S	1	22d ADBRESS/	1 /1/					
	NAME (TYPE P LAR 1741	AL	(MI) MI	n, NIA					
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	P CPEMATORY	13d. LOCATION (City	lown or county	(State)			
	Buria (Specify) 3-4-61		Cemetery						
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			Sb. REGISTRAR'S SIGNA	CL •			
			M						
۵	Scott F. Minnich & S.	on Smithsburg	, Md. DATE MI	MI O DI	arthur & +	Trace			



- 1			MARYLAND STATE DEPARTMENT OF HEALTH
			3657 CERTIFICATE OF DEATH
r la la	7	_	
fune fune	$\Lambda$		PLACE OF DEATH  1. COUNTY  Washington  MARYLAND  2. USUAL RESIDENCE (Where daceesed lived, if institution, Residence before admission)  b. COUNTY  Washington  Maryland  Washington
The state of the s	/	-	Washington Maryland B. CONTY Washington  O. CITY OR TOWN (1 outs do corporate limits, write RURAL and give necrest town)
24 l			write RURAL end give neerast town]
hin hin ges ges affe	,		Rural Williamsport , Most of life Rural Williamsport  I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  on a FARM?
Pan Sours	X		R#1 YES 1 NO _
npletely papers	. All	1	NAME OF First Middle Last 4. DATE Month Dey Year DECEASED OF
V = 7.5 /	_		Type or print) Nellie Gertrude Snodderly DEATH March 22 19 61
■ 5.8.8/	I	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH  9. AGE (In yours IF UNDER I YEAR 1F UNDER 24 HRS.    Sex
n and e car	٦	10a	USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUS NESS OR INDUSTRY) 11 BRITHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rifica rifica mov			Housewife Own Home Cedar Lawn, Wash, Co. Md. USA
phy e re		13.	FATHER'S NAME \$4. MOTHER'S MAIDEN NAME
feath ding pleas			Harry C. Rownel Elizabeth E. Eavey
then of the sale, as al., as		15. [Ye	WAS DECEASED EVED IN HE ADMED EDDICES . 14 SOCIAL SECTION NO. 17 TREPORTERITY
nove		.,	No Walter C. Snodderky Sr. R # 1 Williamsport, Md.
es the clan. by the rmit.			18. CAUSE OF DEATH [Enter only one courses line for (e), (b), end (c).] PART I. DEATH WAS CAUSED 8Y:  ONSSY AND DEATH
quir hysic ned if pe			IMMEDIATE CAUSE (6) FT. CE . MY OCA CA CA COLL FOIL TO COLLEGE
w rang plans sign			Conditions, if any, which (b)
e la andir been rial-t			geve risa to immediate ceuse
has has bu			(a), stelling the underlying DUE TO (c)
A the		NO.	PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, a) 19. WAS AUTOPSY PERFORMED?
SECTION TO THE SECTIO		CERTIFICATION	YES NO S
HY see ho		ERTIF	2De ACCIDENT WAS UNDER YING [ 2Db. DESCR BE HOW INJURY OCCURED (Enter neture of Injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING [ CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)
ealth ealth			2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF JN. URY (Home, form, 2Df. (City or town) (County) (State)
Affe Affe etach		MEDICAL	Hour a.m.  While Not While fectory, feet, office bidg, etc.)
CENT OR: Se d		-	21 1 certify that (I) (this hospital attended the deceased here 22/6, 19 19 19 19 19 19 19 19 19 19 19 19 19
A PE			saw the deceased alive on
OR Play Short Star			226. SIGNATURE ATTENDING MED. STAFF 226. DATE SIGNED
14 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			22c. PHYSICIANS DIRECTOR PHYS. 22d. ADDRESS
Pag with	1		NAME (Pol) (Ralph J. young M.D.) 101 E. Potomac St. Williamsport, Md.
HOS.	/	236	BURIAL, CREMATION, 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION, City, fown or county) (State)
A do do			Burail 3/24/61 Cedar Lawn Cemetery Hagerstown Garyland
₩ ₩ VII A15 (4)			FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
15M 9/60		K	est Haven Funeral Chapel Hagerstown, Md. 1948 27'61 audus & Krous
	`		Why, a. Horst



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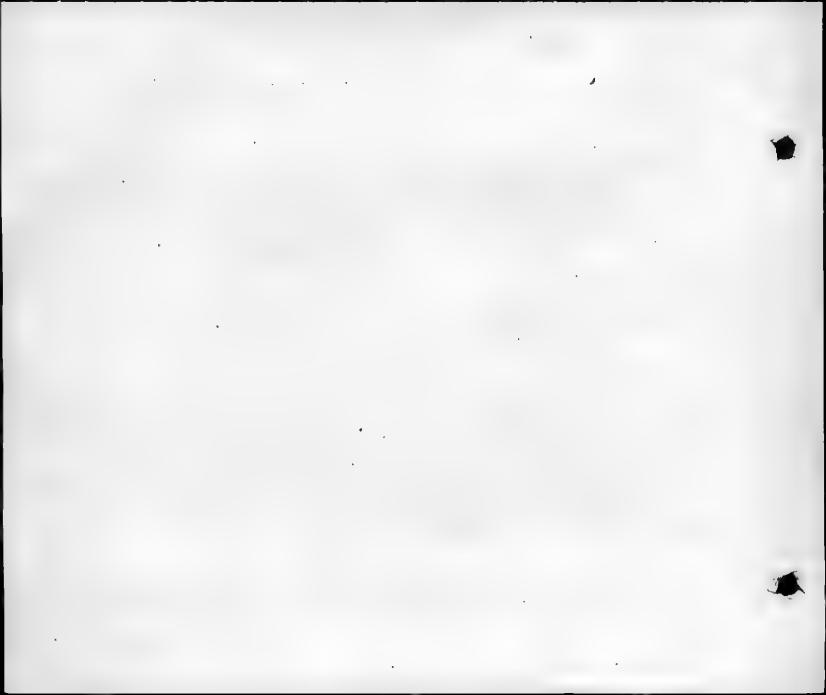
****	•	**********	/							-
?		CI	ERT	IFI	CA	TE	OF	DE	A	ľ

03653

		0000	GERTINI TO A	(1000)					
	1 [	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY					
		"askington	MARYLAND	haryland "ashington					
	1	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)					
		Hage stown	5 Los	O. Hagerstown					
1	1	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?					
`		Gateway Conv Home		813 Test Washington St YES NO E					
	1	NAME OF First DECEASED (Type or print) CORBIN HOL.	Middle I.INGSWORTH	SNYDER SNYDER DATE Manth Doy Year DEATH ALL Ch 1961 19					
	5 9		12 mm 1 V 1 V 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						
	10	ale Winder		B DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 H6   Sept 2 1875   85 yrs   Months   Days   Haurs   Min.					
	10-	LE IAL OCCUPATION (C L							
		during most of working life, even if retired)	Retired	Hagerstown "ash Co ad. USA					
	13.	FATHER'S NAME	210 023 00	14. MOTHER'S MAIDEN NAME					
1		william H. Snyder		Enna Lendenhall					
	15.	WAS DECEASED EVER IN U. S ARMED FORCES? [16.	SOCIAL SECURITY NO. 117 IN	IFORMANT Address					
	{Yes	(If yes, give war or dales of service)		s Pearl Jullenix 873 Virginia Ave					
		18 CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c) ],	Fidge Town . Q. INTERVAL BETWEEN					
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Terio Xcli	rotic Heart Die 2400					
		DUE TO	700 0 7 7 7 7 9 9						
		Conditions if now which \							
		gave rise to immediate							
		cause (a), stating the under-							
	Z	16)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPS					
	4TIO	Freety	10 1 1101	PERFORMED?					
	FIC.	200, ACCIDENT WAS UNDERLYING   20b DES	CRIBE HOW INJURY OCCURRE						
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING   206 DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ell in 1	both rom.					
	S	20c TIME OF INJURY Manth, Day, Year 20d II		ACE OF NJURY (Hame, farm, 20f (City or fawn) (County) (Stat					
	MEDICAL	Haur a.m Mar 14, 1961 at war		ising Home Hagerstown Wash.					
		21. I certify that (1) (this haspital) attend	ded the deceased fram	april 1959 to Mar 23, 1961, that (1) (we) la					
			22,196_1, and that a	ledth accurred at/1304M from the couses and on the date stated abov					
		220 SIGNATURE	1100	ATTENDING MED. STAFF 32 4 5GNI					
,		22c PHYSICIAN'S. NAME (Type)	2	22d. ADDRESS					
		Javid N.D	newer	Kear Joring Md.					
	Th	BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O						
	_	urial <u>8/25/61 S</u>	t Pauls Cene						
	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAR 2 8 '61 Clathur S. Kraus					
		Androwsk Ca Ho	CO I THE PROPERTY I	DATE CONTRACTOR OF THE PARTY OF					

after death. Page 4 and 2 should be fixed who TO HOSPILY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 I may be recorded by the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/S9



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3659 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before egmission) a. COUNTY **b.** COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearast town! Hagerstown most of life Ha gerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Washington County Hospital N. Locust Street 3. NAME OF Middle 4. DATE Month DECEASED OF LILIE V TOLET (Type or print) SNYDER DEATH March 6. COLOR OR RACE 7. MARRIED WEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR ) last birthdey) Months Female WIDOWED DIVORCED 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Ste e, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Clearspring District, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George William Blover Charlotte Wishard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) Joseph C. Snyder Hagerstown. 18. CAUSE OF DEATH [Enter only one cause per are for (e), [b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO general artenoschussis and artenischerotec heart desease geve risa to immediate cause DUE TO [a], steting the undarlying RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION 208 ACC DENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, ' 20f. (City or lown) (County) Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour n.m. at work st work 21. I certify that (I) (this hospital) attended the deceased from June 21....., 1860 to 7.64.60...., 1966, that (I) (w) last ...19.6.(... and that death occurred a GIP.M. from the causes and on the date stated above. saw the deceased alive on., 22a, SIGNATURE ATTENDING STAFF duran PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) West Washington St.

23c. NAME OF CEMETERY OR CREMATORY

Hagerstown, Md.

**ADDRESS** 

St. Paul's Cemeter

. IS RESIDENCE ON A FARM?

YES NO

19 61

IF LINDER 24 HRS

Hours

Year

10

U.S.A.

23d. LOCATION (City, lown or county)

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

St. Paul's

Maryland

INTERVAL BETWEEN ONSET AND DEATH

dius

PERFORMED? NO 4

(State)

SIGNED

Marvland

arthur S. Firmes

PUNERAL ector, 0.4 % VR A15 [4] 15M 9/60

23e. BURIAL, CREMATION, | 23b. DATE THEREOF

2 Suter - Rouzer Funeral Home

REMOVAL (Specify)

R. Franklin Pour

Burial

a≣d deap

physician

Them pleas

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loval,

4 ¢ · i t Α. , 6

## MARYLAND STATE DEPARTMENT OF HEALTH 3660 CERTIFICATE OF DEATH

03655

1	0000	CERTIFICA	IE OF DEATH		(, - 0 - 1)
1	PLACE OF DEATH Washington	MARYLAND	USUAL RESIDENCE (Where deceased live or STATE	red If institut on: Residence b COUNTY Was	_
	b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Hagerstown	32 years	c CITY OR TOWN (If outside corporate Hagerstown	limits write RURAL and gi	ve nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street of institution 1410 Oak Hill Avenu	oddress) C	J 1410 Oak Hill	Ave.	e. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) Roy	Miller	Snyder 4. DATE OF DEATH	March 1	7, Year
	s sex 6. COLOR OR RACE 7. MARR WIDOWE	Carrie A. Carrie David	YEAR IF UNDER 24 HRS Doys Hours Min		
	10a. USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if refired)  Vice-president	KIND OF BUSINESS OR INDUS			EN OF WHAT COUNTRY
- \	George E. Sny	der	14. MOTHER'S MAIDEN NAME Fant	nie Miller	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  [Yes, no. or unknown] (It yes, give wer or dute of service)  Yes (WW I	SOCIAL SECURITY NO. 17 IN	FORMANT Helen P. Snyder,	Address Hagerstow	n, Md.
	18. CAUSE OF DEATH [Enter only one cause per line part I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carro DUE TO Conditions. If any, which gave rise to immediate cause (a), stating the underlying cause lost.  Part II. OTHER SIGNIFICANT CONDITIONS CARRO	cinoma of th			PERFORMED?
	20a ACC:DENT WAS UNDERLYING COR CONTRIBUTING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Doy, Year 20d. If Hour o. m. White	NJURY OCCURRED 20e. PL	(Enter nature of injury in Port I or Port II  ACE OF INJURY (Home, farm, fory, street, office bldg., etc.)		YES NO Sounty) (State
	21 I certify that (I) (this haspital) attends as the deceased alive on March 220. SIGNATURE  22c PHYSICIAN'S NAME (Type) B. B. Kneisle	15961, and that a	eath accurred at M, from the	e causes and an the	3/18/61 Street
	236. BURIAL, CREMAT ON, 236. DATE THEREOF BURIAL Specify 3-19-61	Green Hill	Cemetery Wayne	N (City, town, or county)	
	24 FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Soi	n, Hagerstow	n, Md. DATE MAR 21	R 256 REGISTRAR'S SIG	
					To be proposed to the same of

TO HOSPITA A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have after death. Tage 4 may be read by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hy

after death. Page 4

VR A1S (4) 15M 9/59



- BALTIMORE 1, MARYLAND

		SIMILABLE PERFURGIT WILD	WECOKD3	- DAL
C	61	CERTIFICATE	OF D	EATL
U	UI	CERTIFICATE	OF D	CALL

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ขบ	DI	CERTIFIC	AIE OF DEA	IIII OU	-		1000	J		
1. PLACE OF DEATH 0. COUNTY		MARYLAN	2. USUAL RESIDENCE O. STATE	,	, b., COUNTY		efore admission	n)		
Washington			105 []		ishing to					
b CITY OR TOWN (If outside con RURAL and give nearest town)	porare limits, write	c. LENGTH OF STAY IN 1	and the second	N (If outside corpo	rote limits, write Ki	JKAL ond give i	nearest fown)			
Hagerotor		4 Days		er s town						
d NAME OF HOSPITAL (IF not in		oddress)	d STREET ADDR	East A	ntint .	Q+	e IS RESIDI	ARM?		
"-sh County :	icspital		1 101		HOTO C THE	ט ע	YES 🗍 ?	NOLLN		
3 NAME OF DECEASED (Type or print) D A 1	First	AUGLE	SPICKLER	4. DATE OF DEATH	Moni		Day Yes			
S. SEX 6. COLOR		RIED TO NEVER MARRIED	OR SECURITIONS		9. AGE (In years	4 196				
3	ni te widowi	-	1 12 2	1901	lost birthdoy) 60 yrs	Months Day		Min		
10a USUAL OCCUPATION (Give kin during most of working life, eve	d of work done 10b.	KIND OF BUSINESS OR IN		(State or foreign co	ountry)	12 CITIZEN	OF WHAT CO	UNTRY		
Lerchant		elf Engloye	ed Browafo	rding "	sh Co	V <sub>4</sub> O <sub>3</sub>	USA			
3. FATHER'S NAME			14. MOTHER'S MAI		011		0 10-1			
Alvey Spick	lar		Flore	Angle						
S WAS DECEASED EVER IN U.S.A		SOCIAL SECURITY NO 11	, INFORMANT	IIETC	Addr	ess				
	r or dates of service)	14-091-1061		V. Spic	kler 12	7 E. A	ntiet	1m		
18 CAUSE OF DEATH [Enter	only one couse per li	ne for (a), (b), and (c).	Ha	gerstow.	n .u.	[]	NTERVAL BETV	WEEN		
PART I DEATH WAS CAUSED BY										
IMMEDIATE CAUSE (a) Cardiovascular Collapse min										
491 X DUE TO										
Conditions, if ony, which gove rise to immediate (b) Brohchopneumonia 5 days										
cause (a), stoting the under:										
lying couse lost. ) (c) Non hemolytic Streptococci bacteria 5 days										
0	CANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	E TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(0	) 19, WAS AU PERFORA	JTOPS' MED?		
Malnuti	rition	self_impose	d art	teriòsce	rlasis		YES 💽			
20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	ING [] 206. DES	CRIBE HOW INJURY OCCU	RRED. (Enter noture of inj	ury in Port I or Par	I II of item 18.}					
20c. TIME OF INJURY Month, Hour a.m.	Day Year 20d. I	NJURY OCCURRED 20e	PLACE OF INJURY (Hom	e, form, 20f. (City	or town)	(Coun	ty)	(State		
Havr a.m.	19 While	Not white	foctory, street, office bid	g, etc)						
21. I certify that (I) (this haspital) attended the deceased from Mar 21 1961, to Mar 24 1961, that (I) (XX) last										
and the decorated alive	Mar 21	1967 Julius	the same of the same							
saw the deceased alive an Mar 24 1961, and that death accurred at 7.0 M, from the causes and on the date stated above.										
ATTENDING MED DIRECTOR STAFF										
NAME (Type) Lou:	is G. Gr	eff. M.D.	22d. ADDRESS 119	E. Antie	eta m St		3	40%		
	TE VILENCE CO	1								
23a. BURIAL, CREMATION, 23b D/ REMOVAL (Specify)	IE IMEREOF	23c NAME OF CEMETER		v **	TION (City, town, o	"	(Stote)			
Eurial 3/J	7/61	Rest Haver	r Cenetery		gerstown	1 Tash	Coin	7		
4. FUNERAL DIRECTOR'S SIGNATU	<del>-</del>	ADDRESS	250	MAR 2 9		TRAR'S SIGNA	TURE	art.		
Andrew K. Co.	ffmin Ha	gerttown Lo	1. DA	TE MAK 4 9	01	eneral S. 1	A. P. A. C.			

TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be feel by the hasp tall ar attending physician.

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 havrs after death. VR A15 (4) 1SM 9/59



VR A15 (4) 15M 9/60

		1	
in by the funeral	1 and 2 shook	r death	1
Affer this certificate has been signed by the attending physician and complete. Ted in	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	within 72 hours after	*
ing physician ar	lease remove ca	he State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hour	(
by the attend	permit. Then pl	or removal, an	
has been signed	bur al-transit	rial, cremation,	
nis certificate	for use as the	th prior to but	
è	be detached	Dept. of Heali	
ZRAL DIRECTOR	page 3 should	with the State	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3662 CERTIFICATE OF DEATH

							00			
	1. PLACE OF DEATH			2. USUAL RESIDEN	CE (Whare decea		on: Residence be	efore admission)		
	Washington		MARYLAND	Maryland Washington						
H	b. CITY OR TOWN (if o write RURAL and g	outsida corporeta limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN				ist fown]		
525	Hagerstow		l week	ASt. Jam	es					
"	d. NAME OF HOSPITA	L OR INSTITUTION (if not in		d. STREET ADDRESS			0,	IS RESIDENCE		
	Martin Manor Nurs	ing Home Vi	rginia Ave.				Y	ON A FARM?		
	3. NAME OF	First	Wiggle	Last	4. DATE	Month	Dey	Year		
	DECEASED (Type or print)	Aleath	a Pearl	Sperow	OF DEATH	March	15	19 61		
	5. SEX 10	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years   IF UNI	DER I YEAR IF U	INDER 24 HRS.		
	Female	What to	WED DIVORCED	Aug. 30.18.7		Month   Mont	hs Deys Ho	urs Min.		
	10a. USUAL OCCUPATIO	N (Give kind of work   108	. KIND OF BUSINESS OR INDUST		/_		CITIZEN OF WI	HAT COUNTRY?		
	Housew		At Home	Maryl	and		USA			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN		'				
	Aaron Cus	hwa Middlel	cauff	Laura Ea	kle					
1	15. WAS DECEASED EVER	IN IT'S APMED CORCESS I	16. SOCIAL SECURITY NO. 17.			Address				
	(1140) or duramit (11A	esgivawarordetesofservice)	None [C]	arence Spe	row	St. James	a Ma			
	18. CAUSE OF DE	ATH [Enter only one couse ]		1 77	7)	The Control	INVERV	AL BETWEEN		
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (b) LE MIN OPEN CO CON CONTROL OF THE CAUSE TO THE									
	1091	DUE TO	- way -	ing as	79	167.600	- '	14/2		
	Conditions, if any,				1					
	gave rise to Immadiate	cause Due TO	1		V					
	(a), stating the und	arlying (c)								
	PART II. OTHER S		CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVEN IN				
	ĬĘ.						YES	PERFORMED?		
	PART II. OTHER S  OF CONTRIBUTING OF CONTRIBUTING OF LIFE EITHER, NOTIFY M	UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Part I or Part II of	item 18.)	,	U		
		EDICAL EXAMINER)								
	Hour a.m.			ACE OF INJURY (Home, fare	n, 20f. (City or	lown)	(County)	(Stata)		
	Hour a.m.		hile Not While lawork at work	ciory, streat, office ordg., are	*1	/ /				
	21. I certify tha	t (I) (this hospital) at	ended the deceased from	3/15/	19 6/ 10.	21111	196. that	(I) (we) last		
	saw the deceased	Palive on 5/5	7.5	t death occured ab	40A 100A . 11	ne causes and	on the date :			
	220. SIGNATURE	12/10	<i></i>		/.			22b. DATE		
	I Va	1816 7 C	Janu n	M.D. PHYS.		STAFF PHYS.		SIGNED		
	22c. PHYSICIAN'S NAME (Type)		1	22d. ADDRESS						
	THAT TIYE	Ralph F	Young		* *****					
	23a, BURIAL, CREMATION	N. 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, lown or c	ounty)	(Stata)		
	Buri-1/	3/18/61	Bakersville	Cemetery	Baker	sville.	Md.			
	24 EUNERAD DIRECTOR'S	SIGNATURE	ADDRESS			R 25b. REGISTRA	R'S SIGNATURE			
	Meberta	2 rof	Williamsport	Md. DATE M	AR 21 '61	arthur	S. Huma			

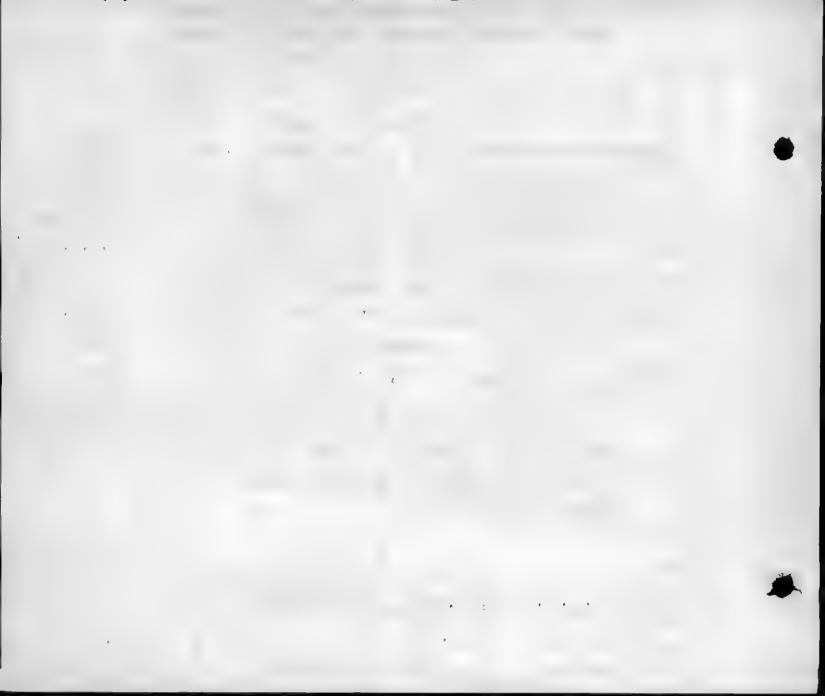


# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3663 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 13658

4	1, [	PLACE OF DEATH 3. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  9. STATE  b. COUNTY						
-	1-		WASHINGTON MARYLAND CITY OR YOWN (If outside corporate limits, write BURAL C. LENGTH OF STAY IN 1b				MARYLAND LASHINGTON						
		and give hearest lown)		EURAL	c. LENGTH OF STAY II	N ID	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		HAGERSTOWN  J.F.E  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			SMITHSBURG RURAL X								
1	°	- NAME OF HOSPITA	ir ox institution (i	r nor in h	ospilol, give street oddress	1	d. STREET ADDRESS			- 1	0	RESIDENCE N A FARM?	
			TON COUNT		OSPITAL.		LSMTTHSRU	<del></del>	#2		YES		
	1	NAME OF DECEASED	Fin	t	Middle		Lost	4. DATE OF	Moni	h	Day	Year	
	(Type or print) NRTTE					EVENS	DEATH			12	19 67		
					ARRIED NEVER MARRIED B.		last birt		9. AGE (In years fast birthday)	Months D	Days Hour	DER 24 HRS.	
		FEMALE	WHITE	WIDOW	Will.		10/27/188		77.				
	10a	. USUAL OCCUPATIO luring most of working	N (Give kind of work of life, mired)	one 10b.	KIND OF BUSINESS OR III HOME	NDUSTR	Y 11. BIRTHPLACE (SION	ar foreign co	untry)	12. CITIZ	EN OF WHA	T COUNTRY	
			FE		HOME		MARYLAN	AD OI			U.S.A.		
	13.	FATHER'S NAME			•		14. MOTHER'S MAIDEN						
			HENRY DE				MARTHA	SAIAI	LY STR	ITE		_	
	15. (Yœ.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	S. SOCIAL SECURITY NO.	17. IN	FORMANT		Address				
		NO			NONE	JR	. LAUREN	STEVEN	S BIG	SPRT	NG MC		
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]								INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Garaname Ocalusion											
		DUE TO											
Conditions, If any, which) to Atherosclerosis, Severe													
		gave rise to immediate couse (a), stating the underlying DUE TO									10-		
		couse last. (c)											
L	Š	PART II. OTHE	ER SIGNIFICANT CON	HTIONS C	CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	UNAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WA	AUTOPSY	
-	CATI										YES [	ORMED?	
	CERTIFICATION	20d. EXTERNAL CAUS		. DESCRI	BE HOW INJURY OCCURR	ED (En	ter nature of injury in Por	rt I or Port II e	of item 18.)				
	- 1	CAUSE OF DEATH.	IKIBUTING LI										
	MEDICAL	20c. TIME OF INJURY	Y Manth, Day, Yea			PLAC	OF INJURY (Home, fam	n, 20f. (City	or town)	(Cour	nty)	(Stote)	
	MED	Haur a.m.	19	Whi	ile Not while vork at work	TOCIO	y, street, office bldg., etc						
		21. I certify the	ot I took charge	af the	remains described	abov	e, held on Autops	y 🔯 In	spection .	Inquiry	/ [], and	find tha	
					Accident .		ide . Homicide	-	determined o	·′	, and	i ima ma	
1			^				, , , , , , , , , , , , , , , ,	Д, Оп	acremines :				
4		ACTUAL A TOTAL					CHIEF MEDICAL EXAMINER T						
		SIGNATURE	TIRE-	- 1-	no co		M.D. CRIEF MEDICAL E.	_	П				
		EXAMINER'S NAME (Type)	Dr. 7. 7.	Ditto	o. Jr.		DEPUTY MEDICAL		2 7	3-51			
	<b>22</b> a.	BURIAL, CREMATION	226. DATE THEREO	F	22c. NAME OF CEMETER	Y OR C	REMATORY	22d. LOCAT	ION (City, town,	or county)	(St	ole)	
		REMOVALISPOS (V)	3/15/	61	ST. PAIN	3	CHURCE CEA		ASHT IGT		am c		
	23.	FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS /			D BY REGISTR	AR 24b. REGI	STRAR'S SIG			
	- 1	Wish	mercul	17	MISCHALORE	ny	ME DATE	MAR 1 6	61 (	Lulus d	. Fines		

VS. A15ME(5) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3664 **CERTIFICATE OF DEATH** Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) N Filed o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN IIf outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) RURAL and give pearest town? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARMS water me YES THO D NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours WIDOWED [ DIVORCED [ 2 Che MIS. 20 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which (5) gave rise to immediate **DUE TO** cosse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPS'S PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) Doy. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) D. III While Not while of work ot work  $\square$ 21. I certify that I attended the deceased fram. L...that I last saw the deceased alive an and that death accurred at 1 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dra H. Bowman 318 North Potomac Street. Hagerstown... BOTTON CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Co. Hosp. **Vrestien** Hagerstown. Md.

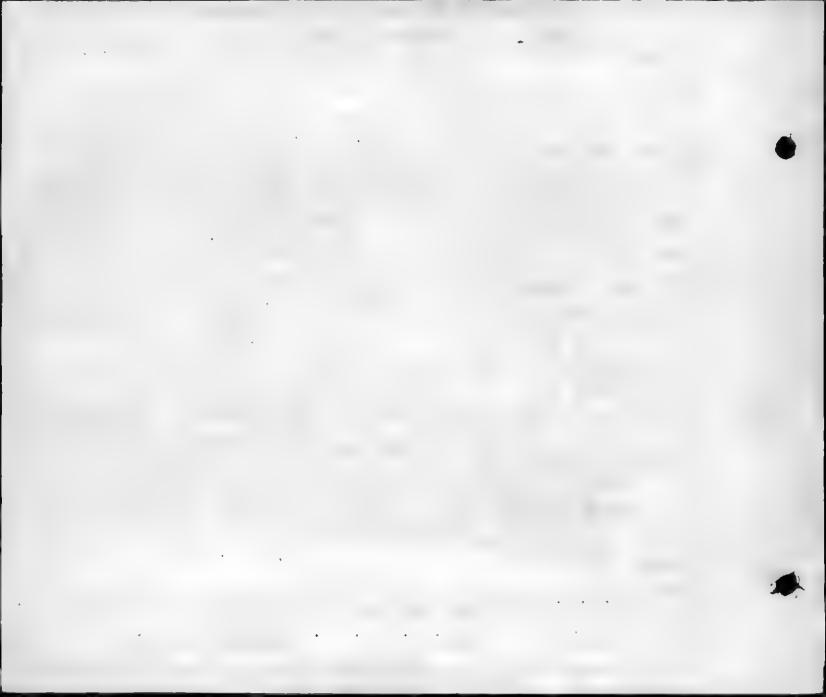
**ADDRESS** 

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

2 E 2 C VS A15 (4) 15M 9/55

\_FUNERAL DIRECTOR'S SIGNATURE



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

MOISION .	OF STATISTICAL RESEARCH AND RECO	KD2 BALIII
ST.	CERTIFICATE OI	<b>DEATH</b>

03660

1. PLACE OF DEATH  o. COUNTY  "ashington	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Marvland	eer . E	COUNTY	te before admission)
b. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16			nington  mits, write RURAL and g	ive nearest town)
RURAL and give nearest town)	3 Los	O_ Hager	,		
d. NAME OF HOSPITAL (If not in hospital, give street	1	d. STREET ADDRESS	3 (01)11		e. IS RESIDENCE
OR NST TUTION	ood on	1 1 .	77.7		ON A FARM?
estern Ld State Hosp			yan Plac	e	YES NO 🔀
3. NAME OF DECEASED (Type or print)	DWILLA	STOTLER	4. DATE OF DEATH	Month 3	3   196/
5. SEX 6 COLOR OR RACE 7. MARR	RIED NEVER MARRIET	B DATE OF BIRTH	9. AG		YEAR IF UNDER 24 HRS
Female   White woow	ED DIVORCED	July 14 18	PM CO	yrs Manths	Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stot	te or foreign country)	12. CITI2	ZEN OF WHAT COUNTRY?
School Teacher	Retired	augansv	1 0 0 757	h Co N.d.	USA
13 FATHER'S NAME	110 011 00	14. MOTHER'S MAIDEN		21 00 4-0.	UDA
Tabas E Ct. 13 au		Lutie S	31 W W O 70 O		
John E. Stotler  Is, was deceased ever in u. s armed forces? 16	SOCIAL SECURITY NO. 17 H	NFORMANT	MINITEL D	Address	
(Yes. no. or unknown) (If yes, give wor or dates of service)		_			4
No		niel D. St		7 Bellvis	
18. CAUSE OF DEATH [Enter only one cause per lin	27 4 " N	1		stown .d.	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: MAKEDIATE CAUSE (a)	Lignand Mel	anoma 4-121	gar anble	With	5 years + 3 men
DUE TO WI	nelspread (	metastasi	\$		0
Conditions, if any, which ) (b)	1				
gove rise to immediate					
lying cause last.					
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE CON	DITION GIVEN IN PART	T(o) 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS O					PERFORMED?
" 20- ACCIDENT WAS UNDERLYING TO 120% DES	CRIBE HOW INJURY OCCURRE	O (Fotor nature of minry is	n Port I or Port II of i	tem 18 i	13 🗆 HO 🔯
G CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THIS HOW HARRY SECOND	b (Ellier Holding of Frijory II			
,	E-	ACE OF INJURY (Hame, far ctory, street, office bldg., e		rn) (C	County) (Stole)
Hour o.m. While of war	Idot wills	civit, sindai, attice biogi, o			
21. I certify that (I) (this haspital) attend	lad the decorred from	Dec 23.1	26 0 10 Ma	3/2/ 10/0	that III thus I had
saw the deceased alive an March	7/ //			1.6	that (I) (wa) last
220 SIGNATURE	24 17_91 / and that a	death accurred at	My train the c	couses and an the	adre stated above.
foung	E. Ohun	M.D. PHYS.	MED STA	is by march	31.196 SIGNED
22c PHYSICIANS. YOUNG I	E. CHUN	22d ADDRESS	Penns	c. Are Ho	egerstown, M
23a BUR AL, CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	25d LOCATION (	City, town, or county)	(State)
Burial 4/3/61	Rest Haven C	(a) a.k.	Hawaret	own Wash	a Ad
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	enetery 250 REG	C'D BY REGISTRAR	256 REGISTRAR'S SIG	
Andrew K. Cofilmin F	laser town	C. DATEP	H 3 -61	Cirthun 9 4	Your

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND 3666 CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY filed **b.** COUNTY Washington MARYLAND Marvland uneral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 ě c. CITY OR TOWN (If guiside corporate limits, write RURAL and give negrest town) RURAL and give nearest tawn] pluods 1 week Rural Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) d" STREET ADDRESS OR INSTITUTION Smithsburg, R.D. 2 Washington County Hospital Middle Manth ed DECEASED rumpower DEATH ages death. (Type or print) Mav Alice March 18 T SIMBLE IN SECTION OF T = S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS campietely ď 10st birthday) 78 yrs after Months female white August 2, 1882 WIDOWED | DIVORCED [ popers. 10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (State or foreign country) during mast af warking life, even if retired) Smithsburg, Md. R.D.2 and House wife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Sarah Elizabeth Suter Cyrus B. Bachtell 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Robert N. Bachtell Hagerstown, Md. attending 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)\_ Jordany Coolugion DUE TO Auminulan Tibrilati m Condition's, if any, which gave rise to immediate DUE TO cause (a), stating the under-Arteriosclerotic Cardinyagoular Digeage lying cause last. buriol-fransit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY cremation, E. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) cate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.) While Nat while at wark at wark 21 I certify that (1) (this hospital) attended the deceased fram. 3-0 195] 19\_51, and that death accurred at 140 M, from the causes and on the date stated above. saw the deceased alive an JIRECTOR: 22a SIGNATURE MED. K PHYS 22c PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type arles 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) 23a. BURIAL, CREMATION. REMOVAL (Spec fy) Smithsburg, Md. R.D.2 Stouffers Cemetery

**ADDRESS** 

Waynesboro. Pa.

Washington

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Vnc.

PERFORMED? YES TO NO TO

(Stote)

SIGNED

(State)

256 REGISTRAR'S SIGNATURE

Christma S. Kraus

25o, REC'D BY REGISTRAR DATE MAR 2 2 '61

U.S.A.

 IS RESIDENCE ON A FARM?

YES TO NO

Year

19 6]

0 VR A1S (4) Burial



y the funeral director, 2 should be filed with pup

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fmay be a by the hospital or attending physician.

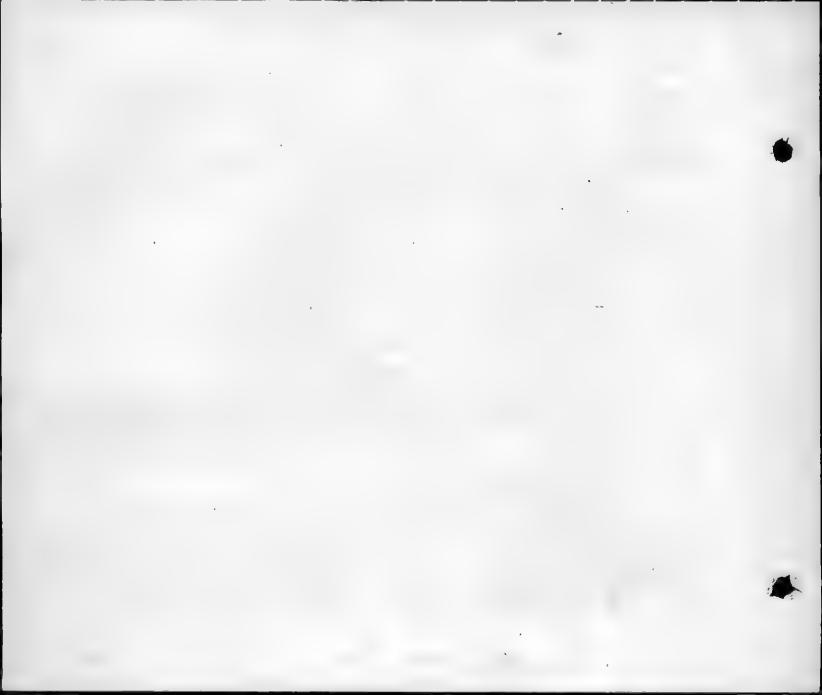
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

s ofter death Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 302

	1 PLACE OF DEATH 0. COUNTY 987	.shington		MARY	LAND	2. USUAL RESIDEN o STATE		and	d lived, If inst b. COUI	itutian NTY (	Residen Va Sh	ice pelar	ton	ion)
	RURAL and give	(If autside carparate limit nearest tawn) I S TOWN		of the stay of stay of the sta		cony or too			rate limits, wri	te RUI	RAL end	give nea	rest fown	)
No.	OR INSTITUTION	PITAL (If not in hospital, g	ve street oddress			d. STREET ADD	RESS		shing	tor	n St			FARM?
il Ne je	3. NAME OF DECEASED	Fin	it	Middle		Last		4. DATE OF		Month		Day	,	Year
	(Type or print)	NETTIE	ELI	EN		TURNER		DEATH	March					9
	5 SEX	6. COLOR OR RACE	7. MARRIED			oct 24	190	0	9. AGE (In yellost birthdo	(ענ	F UNDER Months	1 YEAR Days	IF UNDE Hours	R 24 HRS Min.
	Fenale	IJhite IION (Give kind of work of	WIDOWED	DIVORCE						yrs	12 CIT	IZENI OE	WHATC	OUNTRY
	during mast af w	arking life, even if retired)	Oury		K INDUS	Hagers		_		ld.		US		CONIKI
	HOUSEY	1776	0 11	1 110410	-	14. MOTHER'S MA			111 00		1	<b>V</b> 10	21	
1	797 4 7 7	ian Renne	77			1 037	Bak	ar.						
Ì	1S. WAS DECEASEDE	VER IN U. S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO	. 17. IN	FORMANT	27 (24.45	CT.		Addre	ss			
	(Yes, no, or unknown) NO	(If yes, give wor or dates of so	ervice)		JE	mes R.	Tur	ner						
		EATH [Enter only one co	) .7.	(a), (b), and (c).	Con	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						ONS	RVAL BE	TWEEN
	Canditions, if ony, which)  (b)  Canditions, if ony, which)										-	21 months		
	gave rise ta cause (a), statir lying cause los	g the under-			0						-			
	PART II. C	THER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEA	ATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEAS	E COND.TION	GIVE	N IN PAR	î 1(a) 1	PERFO	ALTOPSY RMED?
	E 20g ACCIDENT	WAS UNDERLYING AND CAUSE OF DEATH OF MEDICAL EXAMINER)	206 DESCRIBE I	HOW INJURY O	CCURRE	). (Enter nature of in	njury in Pa	ert I ar Pai	rt II of item 18.	.}			110	
		URY Month, Day, Yes	While h	OCCURRED Not while		CE OF INJURY (Har tary, street, office bl		20f. (Cit	y or town)		(1	County)		(State
	1 1	nat (1) (this haspital ased alive an 3/	Audio profes	/ /		eath accurred	196	<b>9</b> , ta.	The causes	and				we) las above
1	220 SIGNATURE	French	_			M.D PHYS	MED	CTOR 🗆	STAFF PHYS	4			4/1	DATE
	NAME (Type	George	Jen:	ning.	5	122d ADDRESS	erst.	eren.	Mel					
	230 BUR AL CREMAT REMOVAL (Speci Burial	TION 235 CATE THEREO	1961	Rest I	Have				TION (City, to			e fv:	(Stot	e)
	24 FUNERAL DIRECTO	DR'S SIGNATURE	2/	ADDRESS	,		Sa. REC'D	BY REGIS	TRAR 25b. F	REGIST	RAR'S SI	GNATU	RE	
	Andrew 1	C. Coffman	Hagen	· Town		1 Rd D	ATE	3 K	51 ,	تاتصف	L. puri	The sale	i.ik	

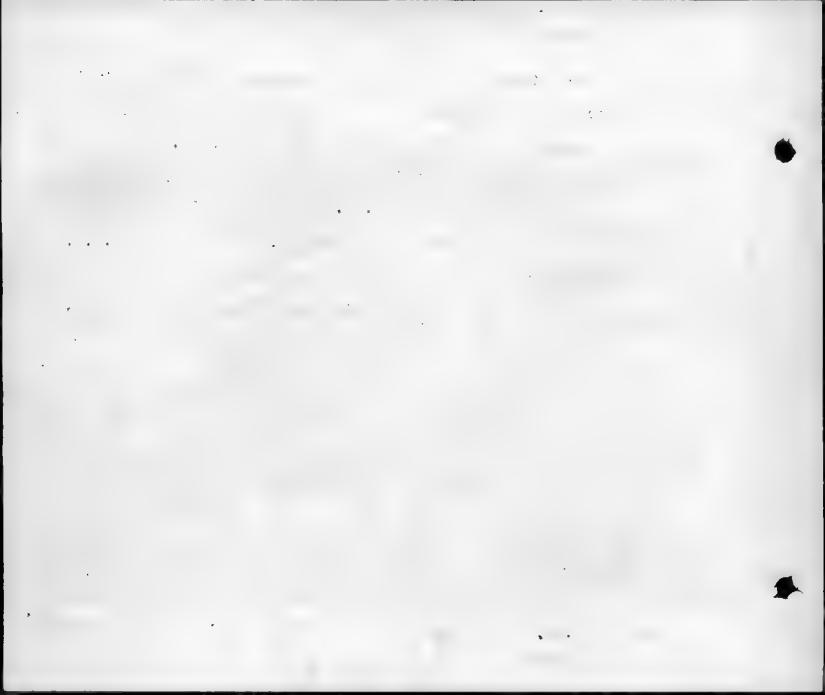


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1	0000	CERTIFICA	TIE OF DEATH	00000
-	1, PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, o. STATE	
	Washing	zten MARYLAND	Maryland	Washington
	b CITY OR TOWN (If autside corporate		&c. CITY OR TOWN (If autside carporate lim	its, write RURAL and give nearest tawn)
	RURAL and give nearest town) Rural Hancock	Life	Rural Hancock	Maryland
	d. NAME OF HOSPITAL (If not in hospi-	· · · · · · · · · · · · · · · · · · ·	d. STREET ADDRESS	e IS RESIDENCE
1	OR INSTITUTION Home		Rural 2 Hancock	Md. YES NO
1	3. NAME OF	First Middle	Last 4. DATE	Manth Day Year
	(Type ar print)	James Orvil	le Weller DEATH	3 8 19 6
	5 SEX 6. COLOR OR RA	ACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE	( n years IF UNDER 1 YEAR IF UNDER 24 HE
	M W	WIDOWED DIVORCED	7.25.1927	birthday) Manths Days Hours Min.
	10a USUAL OCCUPATION (Give kind of w	rark dane 10b. KIND OF BUSINESS OR INDL	JSTRY 11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTR
	during most of working life, even if re	Labor	Maryland	U.S.A.
	13. FATHER'S NAME	Labor	14, MOTHER'S MAIDEN NAME	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Homeon Wells		Iva Mills	
	15. WAS DECEASED EVER IN U. S. ARMED		NFORMANT	Address
	(Yes, no, or unknown) (If yes, give war or date		Vernon Weller Rural	2 Hancock Md.
	NO CAUSE OF DEATH, [Sales only or	ne cause per Jima far (a), (b), and (c).	<u>Vernon Weller Rural</u>	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED	1	En l'eliane	ONSET AND DEATH
	, IMMEDIATE CAU	SE (0) (1227)	The test of the second	- Hudde
	7	E TO (1) houmate	e Heart Ara	Inurp
	Canditions, if any, which agave rise to immediate	(b) 0 27 2E	011 000 1000	
	cause (a), stating the under-	to Had heart Au	rgery 5 yrs, ag	0
~	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO
w	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	20b. DESCRIBE HOW INJURY OCCURR ATH JER)	ED. (Enter nature of injury in Part I ar Part II of i	rem 1B )
			LACE OF INJURY (Hame, farm 20f. (City or taw sciency, street, affice bldg., etc.)	n) (County) (Sta
	Have a.m.	While Nat while at wark at wark	series, silver, cirice orage, etc.)	
1	21. I certify that (I) (this hasp	ojtal) attended the deceased fram.	Feb. 1. 1261. 10 MG	以 8 , 19 6 /, that 田 (we) la
	saw the deceased alive an a	Man 8, 1961, and that	death accurred at ZVIM, from the c	auses and an the date stated abov
	220 SIGNATURE 1170	Rrewer	M.D. PHYS MED STA	FF 3/10/6 s GN
1	22c PHYSIC AN'S NAME (Type) Davi	d R. Brewer	Clear &	ring Md.
	23a BURIAL, CREMAT ON, 23b. DATE TH	EREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION (C	City, town, or county) (State) MC
0	REMOVAL (Specify)	.61 Orchard Ri	dge Cemetery Rural	Hancock Washingto
De -	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REGISTRAR	25b, REGISTRAR'S SIGNATURE
di	HOUTH P	Meno Han-	Q VIDATEMAR 1 3 '61	arthur S. House

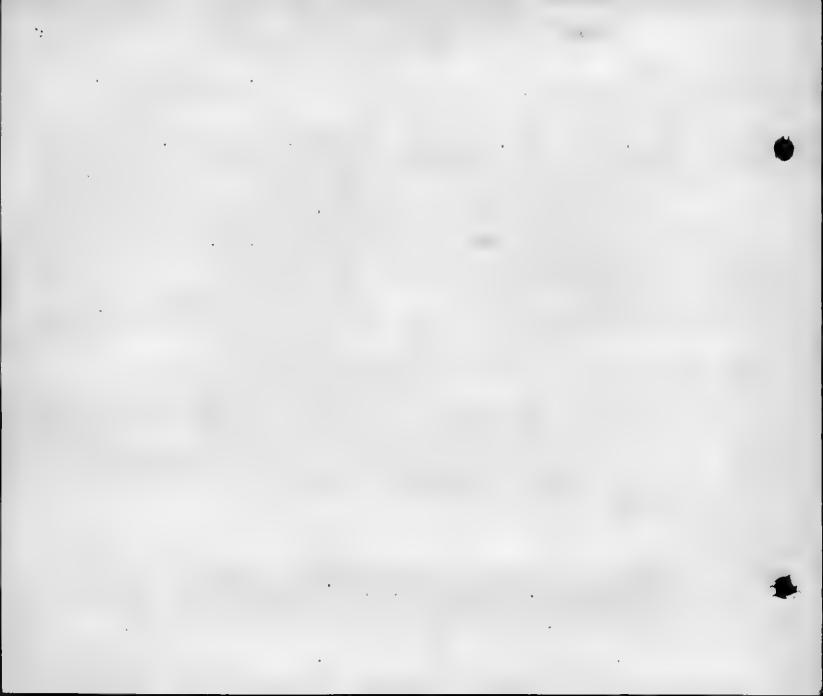
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ed by the haspital or attending physician. TO HOSPITATION MAY be VR A15 (4) 15M 9/59

rs after death. Page 4



AND RECORDS. **BALTIMORE 1, MARYLAND** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) i director, Page or your files. a. COUNTY of Health, a. STATE Washington Wash. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) 80 years Hagerstown Hagerstown Pol d. NAME OF HOSP TAL OR INSTITUTION ( finot an hospital, give street addrass) d. STREET ADDRESS Boar a. IS RESIDENCE ON A FARM? 301 W. Wilson Blvd. Wilson Blvd. be retained State YES NO 3. NAME OF First Middle DATE nould be executed within 24 hours after death. If any in pancil in Item 18. Give Pages 1, 2, and 3 to the 1 Office along with form PM3. Page 5 may be retail burial-transit permit. File pages 1 and 2 with the Stanoval, and in any evegt-within 72 hours after death DECEASED OF March 28, 10 William Wellinger Harry (Type or print) DEATH 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 5. SEX 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months 1880 male July 9. white WIDOWED K DIVORCED 80 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) gang leader railroad Hagerstown, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Wellinger Mary Baur 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivawarordatesofservica) no Karl Wellinger, Alexander, 18. CAUSE OF DEATH [Enter only one cause par I na for (e), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: my ocardeal Infanction MMEDIATE CAUSE (a) Zum DUE TO Anteriorcheori - Schenolizel and geva risa to immadiata cause (a), steting the underlying resolute heart disease cause lest. DISEASE CONDITION GIVEN IN PART 1,0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? ute the certificate, writing the word of forwarded to the Chief Medical EAL DIRECTOR: Page 3 should be nated agent, prior to burial, cremat NO DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Parl I or Part II of item 18.) 200 EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH Month, Dey, Year 20c. T.ME OF INJURY 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Stale) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 4- Inquiry . and in my opinion Accident death resulted from-Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL 1 A C DEPUTY MEDICAL EXAMINER (X) Ditto Ill. M. D. Edward Address (Street, city, town, or county) DEP 22a, BURIAL, CREMATION | 22b, DATE THEREOF 22E, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g 3-30-61 Rose Hill Cemetery burial Hagerstown, Md. 23. FUNERAL DIRECTOR ADDRESS 24a, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. AISME arthur & Krose Scott F. Minnich & Son, Hagerstown, Md. DATE 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



## MARYLAND STATE DEPARTMENT OF HEALTH 3 6 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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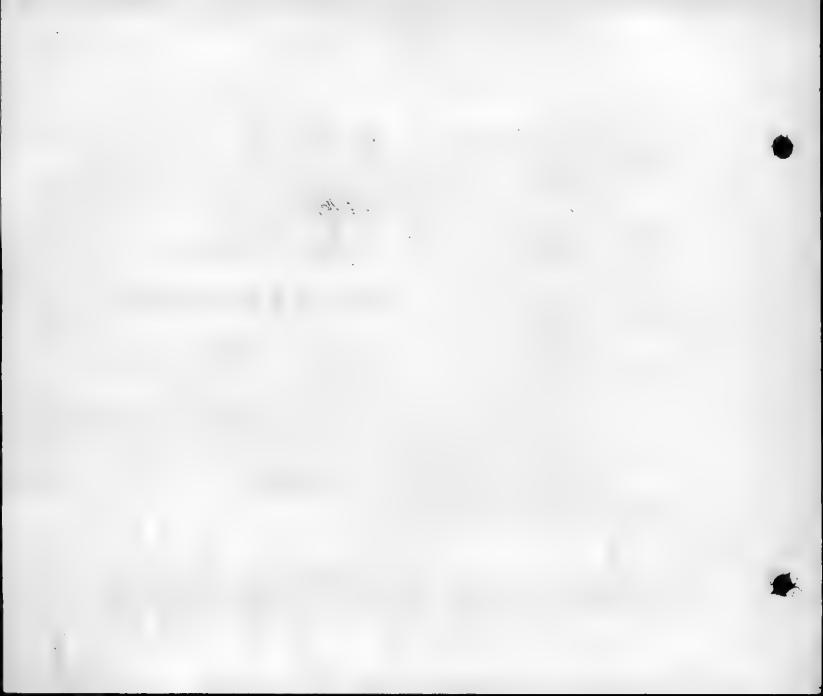
AI		Ttow 22h Film 120M	TE OF DEATH	(,000,)
Z	1	PLACE OF DEATH a. COUNTY LUG Shing ton MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution. Residence of STATE of NOS GLAVANIA	e before admission}
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Williams port / // // Imas.	c. CITY OR TOWN (If odtside corporate limits, write RURAL and g	ive negrest town)
art?		d NAME OF HOSPITAL of not in haspital, give street oddress) OR INSTITUTION WILLIAMS POT & Dan HAYIUM	130 m. Carlisle St.	e IS RESIDENCE ON A FARM? YES NO
^	3	NAME OF DECEASED (Type or print)  Ann A Blanche	e white DEATH March	Day Year 31 196/
C)		Female Lubite WIDOWED DIVORCED	H 1865   lost birthday) Months	LYEAR IF UNDER 24 HRS Days Hours Min
	L	a USUAL OCCUPATION (Give kind of work dane) 10b KIND OF BUSINESS OR INDU during most of working life, even if retired) HOUSE KEPER HOME	Breenenstle, Penn, &	C, S, A.
	2	Dr. Edward David Rankin	Adeline Lucinda Reid	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. III	MORMANT Hunter 915 grahand He	l/a
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	INTERVAL BETWEEN ONSET AND DEATH  6 In 0 5 / C 3  1(o) 19. WAS AUTOPSY PERFORMED? YES NO 10
	MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Part 1 or Part 11 of item 18.)  ACE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, office bldg., etc.)	ounty) (Stote)
	W	21. I certify that (I) (this hespital) attended the deceased fram.	Mer 12 1960, to Mar 30, 196 death accurred at 12M, from the causes and an the	22b DATE
		22c. PHYSICIANS NAME (TYPE) L/O YE A HOFF mov	ATTENDING MED. STAFF PHYS.   22d. ADDRESS  RESULT OWN	4 - 2 SIGNEG
	L	BURIAL, FRANTION, 236 DATE THEREOF 23c NAME OF CEMETERY CREMOVAL Specify) April 3, 1,6 Celebrately	OR CREMATORY 23d LOCATION (City, town, or county) Geneley Greencaste Pur	sublin (Slote) Pa
	24	FUNERAL DIRECTOR'S SIGNATURE GADDRESS GREENCESTE	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIG	P Plane

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has may be read by the haspital or attending physician.

TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers Pages 1 quithe State Baard of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. VR A1S (4) 15M 9/59

after death Page 4

the attending physician and completely filled in by the funeral director. Then please remave carbon papers. Pages 1 and 2 should be filed with



#### MARYLAND STATE DEPARTMENT OF HEALTH

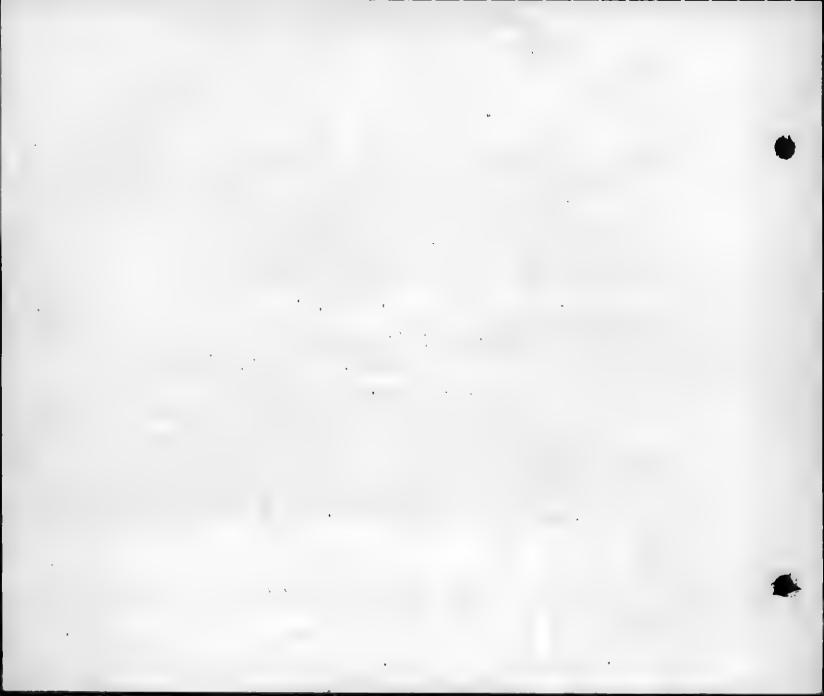
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03666

	3671	CERTIFICA	TE OF DEATH		() वितिष्ठत्त
1	PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution: Residence	e before admission)
L	Washington	MARYLAND	Laryland		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write RURAL and g	ive nearest town)
	Hagerstown R#1	. 20 Yrs	A Hagerston	wn R # 1	
Г	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
L	Day Road		Bay Re	oad	YES NOT
3	NAME OF First DECEASED	Middle	last	4. DATE Month	Day Year
L		EVIEVE W	ILEY	DEATH Larch 4 19	6] 19
5	SEX 6 COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B DATE OF BIRTH		YEAR IF UNDER 24 HRS
I	Renale Tite willow	ED DIVORCED	April 1 188'	7 Past birthdoy) Months 73 yrs.	Days Hours Min
Ť	o USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	Housewife	Own Home	Emmitsburg	Frederick Co	USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	Sanford Sease		Sarah F	ergueson	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 1	NFORMANT	Address	
ľ	(fix, no, or unknown) (If yes give war or dates of service)	None H	arry m. mil	ey Day Road Hage	retown 1.d
F	18. CAUSE OF DEATH [Enter only one couse per le		1R # 1		INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY:	reford Hen	morkago		ONSET AND DEATH
	UU3X DUE TO OC	To Ving or Vins	-1 1	A 1 1:	0.000
	Conditions if any which	Renewait + a	remosely	Mil Carrey	1 une
	gove rise to immediate	0 /	,,		1177
	couse (o), stoting the under-	usully dise	44		
1		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	1(o) 19 WAS AUTOPSY
CERTICIO ATION					PERFORMED?
1012	20d ACCIDENT WAS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II of item 18.)	×
O. C. D.	OR CONTRIBUTING CAUSE OF DEATH				
			ACE OF INLURY (Home, form		ounty) (State)
140000	Hour o.m. 19 White of wo	Not while fo	ctory, street, office bldg., etc.	)	,,
3			3 Max	61 14 Ma- 10/a	/
	21. I certify that (I) (this haspital) attend	1. 1	3 419	/	, that (I) (we) lost
	saw the deceased alive on 2 111056.	IY W / ond that	deoth occurred of 20	M, from the couses and on the	date stated above
	It It tun by	,	ATTENDING MI	ED STAFF	S GNED
	ZZc. PHYSICIAN'S	1	M.D. PHYS. DI	RECTOR PHYS	ע מודד
Ŷ	NAME (Type) F. F. LUS	bV	2311/	Polomist Ho	make VII
-		<del></del>	A FUIL	i villa	This Wilner
12	Ba. BURIAL, CREMATION 23b. DATE THEREOF	23c NAME OF CEMETERY C		23d. LOCATION (City, town, or county)	(Stote)
-	burial 3/6/61	Rest Haven			Co Md.
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	MZ	D BY REGISTRAR'S SIG	NATURE
	Andrew K. Coffman Has	gerstown Ad.	DATE		

VR A15 (4) 15M II/59

may be ri TO HOSPITA



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03667

a. CO	OF DEATH UNITY	Wash:	ington	MARY	LAND	a. STATE	oence (wi		d fived. If institut b. COUNTY		nce befo hin/		
RUR	Hagers	town		c. LENGTH OF STAY  11 mont		50	town (If a		orate limits, write	RURAL and	give nec	irest tawi	n)
Ja. NA	ME OF HOSPIT	Nursing	Home	ddress)		d. STREET /		iste	rbere R	oad		ON A	SIDENCE A FARM? NO
3. NAME DECEA	OF ASED or print)	Ida	First Bra	ddon Middle		Wilse		4. DATE OF DEATH	Marc		1	,	Year 19 61
5. SEX Fe	male	White	2 7. MARRI WIDOWEI	DIVORCE	·	DATE OF BIRT		.882	9, AGE (In years last birthday) 70 yrs.	Months	Days	Haurs	ER 24 HR
durie	House war	ON (Give kind of wo king life, even if reti WII E	rk done 10b. h	Wn Home	R INDUST		ACE (State		Ohio	12, CIT	IZEN OF	WHAT	COUNTRY
13. FATHE	ER'S NAME He	nry Bra	addon			14. MOTHER'S	MAIDEN N	NAME	Grut	e			
15. WAS [Yes, no, or	DECEASED EVE runknown)	R IN U. S. ARMED F (If yes, give war or dotes	ORCES? 16. S of service)	OCIAL SECURITY NO		ormant rles l	R. Wi	1son		ress stown	n,	Md.	
gav	nditions, if a ve rise to i se (a), stating ag cause last. Part II. OT	mmediate DUE	(b) (c) (c)	Pour sole	ATH BUT N	OT RELATED TO	O THE TERM	INAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(a) 1	9. WAS	AUTOPS'
	ACCIDENT WAS	AS UNDERLYING  CAUSE OF DEA' MEDICAL EXAMINE	20b. DESC	RIBE HOW INJURY O	CCURRED.	(Enter nature	af injury in	Part I or Par	rt II of item 18.)			YES [	] NO [
WEDICAL WEDICAL	TIME OF INJUR Hour a.m. p. m.	Y Manth, Day,	While	JURY OCCURRED  Nat while at wark		E OF INJURY ary, street, office			y ar tawn)	-	(Caunty)		(Stat
saw		et (I) (this hospi sed alive an 2	100100	ed the deceased		* 4	d at		the causes a			stated	
	PHYSICIAN'S NAME (Type)	Howard		eks, M.D.	/	22d. ADDR 136	ESS		St.,He	gers	tow	n, M	d.
E.	rial			Rose Hi				На	TION (City, lawn, agersto	wn,	Md	(Sta	te)
	ral director		& Son	Hagers	town	Ma	250. REC	D BY REGIS		istrar's s			

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has after death. Page 4 may be ruled by the haspital ar attending physician.

TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremotian, ar removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

MATERIAL SOUTHINGS SELECT HOSPITE .. constitute and the second Analysis with the second of th A CONTRACTOR OF THE PARTY OF TH The state of the s ofter death. Page 4 TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hars, after death. Page 4 may be rilled by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, cremation, ar remayal, and in any event, within 72 hours ofter death.

VR ATS (4) TSM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3673 CERTIFICATE OF DEATH

	I a. COUNTY	a. STATE  b. COUNTY						
	WASHINGTON MARYLAND	MARYLAND WASHINGTON						
	b. CÎTY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)						
	HAGIEISTOWN LONE WEEK	DOONSBORD						
	d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION	d. STREET ADDRESS  e. 1S RESIDENCE ON A FARM?						
	WASH. CO. HOSPITAL	18 YOUNG AVE. YES NO X						
	3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year						
	(Type or print) HENRY VEIZNON V	DEATH MARCH -16 - 196/						
		ATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
	MALE WHITE WIDOWED DIVORCED	ULY 9 - 1875 85 yrs. Manths Days Haurs Min.						
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. (RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	RETURED CARPENTER -GENERAL BUILDI	W. NRI MIDDLETAVAN FRED. CA. MOUCLA						
		. MOTHER'S MAIDEN NAME						
)	plantas S. Manas	ANNA SOPHIA SIGNER						
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. COCIAL SECURITY NO. 17. INFOR							
	(Yes, no. or unknown) (If yes, give wor or dates of service) 216 - 07 - 7/20 ROSE	and the same of th						
		OF YOUNG BALTINORE 6. IND.						
	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] PART I, DEATH WAS CAUSED BY:	ONSET AND SEATH						
	IMMEDIATE CAUSE (a) Clent Coronal	y Occhown I days						
	92010 DUE TO 011 1 0	P. 1/2 + 1.						
	Canditions, if any, which) to arthroselloste Heart deserve 10-14900							
	gave rise to immediate cause (a), stating the under-							
	lying cause last.	arthroschoon unknown						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO						
)	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Part I ar Part II af item 18.)						
	AND ACCIDENT WAS UNDERSTING IT AND ACCORRECT TO CONTRIBUTING IT CAUSE OF DEATH IT (IF EITHER, NOTIFY MEDICAL EXAMINER)							
		OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State)						
	Haur a.m.    White   Not white   tackary	street, affice bldg., etc.)						
		1211 256 3/12 2011 4 1111						
	21. I certify that (1) (this haspital) attended the deceased fram	124 1953, to 3/17 1961, that (1) (we) last						
	saw the deceased alive an	h accurred atM, from the causes and on the date stated above.						
	N-Och MADE	ATTENDING STAFF SIGNED						
	22c, PHYSICIAN'S 1	PHYS. DIRECTOR PHYS. D						
	NAME ITYPE	M. Idlatawa Md.						
v	Tennella C. Menson	Milacieron, 11ci.						
	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CE	EMATORY 23d, LOCATION (City, tawn, ar county) (State)						
	BONIAL MARCH. 19. 1961 BOONSBORD CH	EMETISRY BOONSBORG MASH. CO. MO.						
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
-	John & Wast DOONSBORD IND	DATE MAR 21 '61 Couthur S. Krous						
1		the state of the William Country of the State of the Stat						

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